FOR BINDING

MARGIN RESERVED

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 850

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town  (If offuside city of town limits, write RURAN NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME Edward AMICK	3. (b) Social Security Number
4. Sex 15. Color or race 6.(a) Single, married, widowed, or divorced 15. Color or race 15. Color or ra	MEDICAL CERTIFICATION  20. DATE DE DEATH 2 - 12 - 18 45, at 10 Pm
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from  2-/2- 9 A
9. Birthplace BALTO-CITY Md.  (Town, county, and state)  1D. Usual occupation Not fore Lovy	Due to Selesconce
11. Industry or business  12. Name Jekkk William Jamine  13. Birthplace BALTO MB  14. Maiden name CHANEY, MMILIA  15. Birthplace BALTO, Md	Other conditions (Include pregnancy within 3 months of death)  Major findings:  Df operations Please under the cause to we death should be
18. Informall—Education  Address 2/0 Murclock  17. BURIED  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  E. Nouth  Ref.	Df eutopsy
18. Funeral director Lee Oder  Address 4644 John Roy  Oder	Means of injury  injured at work?  23. SIGNATURE SUccles Lechards M. D. or other

VS A15

PLEASE WRITE PLAINLY, WITH U

(Data rec'd by registrar)

2411 N. Charles St., Baltimore 950

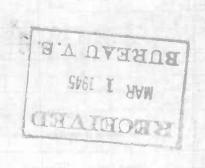
### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Gounty				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
			***************************************			
			RURAL and give nearest town)	Doltimann		
How long in above place	of death? 6 ye	eabs. 1	1 months, 26 days	City or town (1f outside city or town limits, write	te RURAL and give near	rest town)
Hospital, Institution, or		THE RESERVE TO SERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO SERVE THE PERSON NAMED IN COLUMN TWO IN COLUMN		street No. unknown 1622		
			pital	(If rural, give LOCATION)		
		ars, l	1 months, 26 days			
3. (a) FULL NAME				3.	. (b) Social Security I	Number
	Anı	nie E. /	Anders (Hendricks	)		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERT	IFICATION	
female	white		Widow	20. DATE OF DEATHFebruary 22	1945	, al3
			Inders	21. I CERTIFY that death occurred on the dale shove stared in the dale shows stared in the dale		
7. Birth dale of			c) If alive, give ageyeare	and that I last saw h. E.T. alive on F.E.b.Tus		
deceased (mo., day, yr.				Immediate canse of death.		DURATION
8. AGE: Years	Months	Days	If less than one day	Myocardial Insufficie		2 week
About			hrsmin.			***************************************
9. BirthpisceMi	ddlesex	Co., Vi	rginia	Due to		
				Chronic Arteriosclerot	ic Cardio-	Indef.
1D. Usual occupation	nous	awria		Due to Vascular disease	***************************************	*****************
11. Industry or business					••••••	
12. Hame	Noah Ja	ckson		Other conditions	***************************************	
13. Birthplace	Vá.					
14. Malden name	Annie C	rittend	en	(Include pregnancy within 3 months		*
15. Birthplace	٧a.		***************************************	Major findings of operations	•••••••	
≈1 15. Birthpiace	TV	Doggo			Date of op	
16. Informant Hospital Records				Antopsy results		
Address Catonsville-28, Md.  17. Burial (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)			, Md.	PHYSICIAN: Please underline the cause to which de		Ratistically.
			2/24/45	22. VIOLENCE: If death was due to external causes, fi		
		Accident, suicide, or homicide				
Cemetery or crematory Loudon Park Cem.			em.	Where did injury occur?(City or town)	(Connty)	(State)
Location Balto, Md.				Injured at home, farm, industry, public place (where?)	***************************************	
18. Funeral director WM . J. TICKNER & SONS				Means of Injury	/ Injured al work?	
			***************************************	( Do Her	7 (	-
	Balto.		2 1	23. SIGNATURE Aber 6	arduer	· Mer
19(Date rec'd by fegi	22 1945	- N.	Cendreal	Robert E. Gardi	ner M. D. o	r other
(Date rec'd by fegi	strar)	Dea	ety local Expised	Address Catonsville-28	2. LVICL . Date signed	2/22/45

Deputy our Egent

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

### CERTIFICATE OF DEATH

01382

Reg. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Raltimore	
City or town Fort Howard  (If outside city or town limits, write RURAL and give nearest to	
How tong in above place of death? 14 Days	I city of them FOCOMORE OILLY
Hospital, Institution, or street address where death occurred:	RED #1 Box 35 Pocomoke City Md.
Vets.Adm. Fac. Fort Howard, Maryland	(If rural, give LOCATION)
Now long in hospitat or institution? 14 Degree	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT FRANCIS ANDERSON	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH February 21 ts 45 a9:35 P. M
1/////	
6.(b) Name of hosband or wife Quetta Anderson	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of 3 10 05	years and that I last saw h.i.m. alivo on February 21.
deceased (mo., day, yr.)	Immediate cause of death Disease of the Heart DURATION
8. AGE: Years   Months   Days   If tess than one day	Coronary Arteriosclerosis
49 11 2hrs	With Myocardial Insufficiency Unknown
9. Sirthplace Pacomoke City Md.a. (Town, county, and state)	Duo te.
(Town, county, and state)	
16. Usuat occupation None-Disabled	Due to.
11. Indostry or business	
# t2. Name Robert F. Anderson	Other cooditions Lobular Pneumonias cerebral
13. Sirthplaco Pocomoke, Maryland	thrombosis, residuals of cerebral (Include pregnancy within 8 months of death)
14 Maiden name Florence L.	(Include pregnancy within 8 months of death) arteriosclerosis
15. Sirthplace Pocomoke, Maryland	Major findings of operations.
13, avaiptace	Date of op.
16 tuformant Clinical Records, Vets. Adm. Fac	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Howard, Maryland	
17. Burial Burial (Burial, eretration, or removal, Which)  Bale thereot 2/27/4 (month) (day) (y	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?) (month) (day) (y	ear) Accident, suicide, or homicide
Cemetery or crematory t. 2100 Cemetery	(City or town) (County) (State)
Pocomoke, Maryland	tnjured at home, farm, Industry, public place (where?)
18. Funeral director. A. Lee Oder	Meaos of injury injured at work?
ACAA Vonle Jood Dolto 11d	RMO, CORO
Address 4044 101 k Road , Dalto, Rd.	
t9. 423 (Date rec'd by registrar)	23. SIGNATURE  C. J. KENLEY, M.D. CLITICAL POTOTHER CTOR  Registrar Address Fort Howard, Maryland Bate stened 2-22-45.
(1/dio red u by registrat)	DELICATION OF THE PROPERTY OF

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-2

### CERTIFICATE OF DEATH

01383

Reg. Diat. No....

1. PLACE OF DEATH: Baltimore County Baltimore City or town Fort Howard (If oatside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			URAL and give nearest town)	State Maryland county Baltimore City or towa Baltimore		
How long in above place of death? 5 Days  Hospital, institution, or street address where death occurred;  Vets.Adm. Fac. Port Howard, Maryland				(If outside city or town limits, write RURAL and give nearest town)  Street No.		
	0 - 0 - 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(If rurnl, give LOCATION)  WW-I  2.(a) It veteran, oame war		
3. (a) FULL NAM	WILLE J.	ANDERS	SON	3. (b) Social Securi	ty Number	
4. Sez Male S. Cotor or race Colored Married Married				MEDICAL CERTIFICATION  20. DATE OF DEATH	.9:20P.Mn	
6.(6) Name of hospard/of wife Nancy Anderson  8.(c) If allve, give age 55 years  7. Birth date of 7802				21. I CERTIFY that death occurred on the date above stated; that I attended to	leceased from	
7. Birth date of deceased (mo., day, )		892		and that I last saw h	DURATION	
8. AGE: Years	200	Days	If less than one day	Pulmonary Tuberculosis, chr.	8 Mos.	
Birthplace  10. Usual occupation  11. industry or busines	Unemploy		tate)	Bue to		
		rson		Other conditions		
ne!	Mary Mor			Major findings of operations		
16. totormanfGli		rds, V	ets. Adm. Fac.	Autopsy results	••••••••	
17. Rucial Date thereot. 2h 21-45 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Baltanese Advanced				22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)	
Location	4. Re	den R R	sk ave	Injured at home, tarm, industry, public place (where?)  Meaos of Injury  Injured at work?		
10 7/2/21	19	5 0	A. W. Kedu	Address Date sign	2-18-45	

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

### CERTIFICATE OF DEATH

01384

Reg. Diat. No ....

1. PLACE OF DEATH:  County				City or town. Baltimo (if guride city or Street No. 7708 Will (if 2.(c) If veteran, name war	DME) OF DECEASED: sidence of mother)  County Baltimore  Ore town limits, write RURAL and give nearest town)  Son Avenue rural, give LOCATION)  3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDI	CAL CERTIFICATION
female	white	wi	dowed	20. DATE DE DEATH 2 - 3	1945 35,154
	or wife John		c) If alive, give ageyear	and that I last saw h. 12 alive on	the date above stated: that I altended deceased from  19.43, to £45.  19.45.  DURATION
8. AGE: Year	s   Months	Days	tf less than one day	The myoca	editio more the
10. Usual occupation.  11. Industry or business  12. Name	at how	16	itate)	Due to	
16. Informant Mrs. Marie Lordon  Address 7708 Wilson Avenue				Autopsy results	cause to which death should be charged statistically.
(Burial, cremation Cemetery or crematic Location  18. Funerat director Address	17. Burial Date thereof 2/6/45 (Burial, cremation, or removal, Which?)  Cemetery or crematory Parkwood  Location Leonard J. Ruck  18. Funerat director 5305 Harford Road			Where did injury occur?(City	external causes, filt in the following;  Date of

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

### 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Backmen (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, Nospital, institution, or street address where death occurred: (If rurai, give LOCATION) Now long in hospital or instilution?.... 3. (a) FULL NAME 3. (b) Social Security Number more 4. Sex MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) DURATION Months 8. AGE: Years 3 days Cursin-Vasculus Disuse 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden mai 15. Birthpiace 16. Informant PHYSICIAN: Please noderline the cause to which death shoold he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide..... (Buriai, cremation, or removal, Which) (mooth) (day) (year) Where did Injury occur? ...... (City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury 18. Funeral directo

BUREAU V.S.

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

### CERTIFICATE OF DEATH

City or fown. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, institution, or streef address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For awborn Infanta give residence of mother)  State
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Sarah May auxes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single Pharried, widowed, or Avorced  Timele white wilcomed	MEDICAL CERTIFICATION  20. DATE OF DEATH  PLA. 2  19.45 21 9 9 M
6.(6) Name of husband or wife Roman . 9. Gives  6.(c) It allive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) hw 9, 1867	and that I last saw h alive on 19.
8. AGE: Years Months Days If less than one day 77 2 /3hrshrs.	Immediate cause of death DURATION
9. Birthplace	Due to
10. Usual occupation	Due to
12. Name. Joseph Carl.  13. Birthplace Bellowing Co. Inch.	Other conditions I gertunasia
14. Malden name Charty asenth Lytle  15. Birthplace Ballone Co Jul	(Include pregnancy within 3 months of death)  Major findings at operations.
16. Informant Mas John h. horris	Autopsy results
Address  17. Busical (Burial, cremation, or reproval. Which?)  Bate thereot. Fels. 5. 1945. (month) (day) (year)	22. VIOLENCE: If death was due to exfernal causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory M.C. Kanduld	Where did injury occur? (City or town) (County) (State)
18. Funeral director Howards markline	Injured at home, farm, industry, public place (where?)
Address while I fall. ml	(1. m 7 2 2 11)
19. 2   3 / 1945 and Price	23. SIGNATURE M. D. or order / 45"

FEB 7 1945 BUREAU V.S.

# MARGIN RESERVED FOR BINDING

VS A15

(Dute rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 940

1	4	0	C	my
()	L	0	0	6

Date signed.

CERTIFICAT	TE OF DEATH Reg. Diat. No. 38
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maly All Soft  County Balling County  City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. L. B. M. Soft  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Rebecca Mary Bagi	ley 3. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced  Female White Narried	MEDICAL CERTIFICATION  20. DATE OF DEATH FENTURY 8 1945 av. 15 A. 1
8. (b) Name of husband or wife	21. I CERVEY that death occurred on the date above stated; that attended deceased from    19
16. Informant EUGLUE Bag Ley  Address 28 W. Joppa Road, Touson, Md.  17. Bullial  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Autopsy results
Cometery or crematory MAY.S. Chape Leweter V  Location TIMINALLY BULLIA LA CAMPANALLA LA MALLIA	Where did injury occur?
Address of Jowson Manglager of	23. SIGNATURE

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Every item of information should earefully be supplied.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

()13887 Reg. Dist. No.

1. PLACE OF DEATH: Batta.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Yuttarville and	State County	
(If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:	City or town(If outside city or town limits, write RURAL NEAR and	Ward No give town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No(If rural give LOCATION)	
Stay in this community (yrs., or mos., or days) 84 yrs. [2000, 3 dos.	(If Fursi give LOCATION)	
3. (a) FULL NAME		
Sarah Katherine Barret	3. (b) Social Secur	rity Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. DATE OF DEATH	45 at 2 A M.
6 (b) Name of husband wife Thes. J. Barrett	21. I CERTIFY that death occurred on the date above stated; that Lattended	deceased from
7. Birth date of	and that I last saw here—alive on Doub 8	18 4-0
deceased (mo., day, yr.) And 7 /6/	Immediate cause A leath	DURATION
8. AGE: Years Morths Days It less than one day	min. Huys Cardelis -	147-
9. Birthplace Batta (Town, county, and atate)	Oue to arterio relevorio -	5 700
10. Usual occupation H. Maranife -	Due to Serility	
11. Industry or business		
12. Name Michaelan gares -	Other conditions	
14. Maiden name Mary M Leaf.  15. Birthplace and.	(Include pregnancy within 8 months of death)  Major findings:	PHYSICIAN
\$ 15. Birthplace Ond.	Ot operations	Please underline the cause to which
16. Interment many Shock	Ol output	death should be charged statistically.
Address Luturalle Md.	Ot autopsy	- 4- 4-
(Burkl, cremation, or removal Which?) Oate thereot (month) (day (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide	
Cemetery or crematory . I was the the	Where did injury occur? (City or town) (County)	(State)
Location A & Chorine	injured at home, farm, todustry, public place (where?)	
18. Funeral director ADM Burnis Sous	Means of Injury Injured at work?	
Address Towson, Mide	23. SIGNATURE Primus Co. Euror	4.5
18. Feb. 10 45. Wilmer Common	BI VIIO I	D, or other



## PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01389

### CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give ryaidence of mother)
County Ballinoe	
(If outside city or town limits, write RURAL and give nearest town)	State Many Cum) County Ballmore
How long in above place of death? 6 Jeurs	City or town
Hospital, Institution, or street address where death occurred:	Street No. 5/3 Vaguatur
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
2 (a) FILL NAME	2/1/2 :12 : 11
Harriet Drana 3	ay ne
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemule White Wi Sow	20. DATE OF DEATH 1-ebrugy 9 1945 - 1/1450 N
6.(b) Name of hushaod or wife Oliver C- Burg ne	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jan 10 1945, 10 1-66 9 1945
7. 6irth date of M / Figure age years	and that I last saw h.ex. alive on Tel many 9 1945
deceased (mo., day, yr.) March 5 1858	Immediate cause of death
8. AGE: Years Months Days If less than one day	Carelaal Hum what! 3001
86 //hrs. /min.	
9. Birthplace Bulton are Co. m.d.	
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation la savada a fee	Due to.
11. Industry or husiness	
12. Name William Boblita	Other conditions
\$ 13. Birthplace Baltimore Co. mo.	
# 14. Maiden name Louise	(Include pregnancy within 8 months of death)
	Major findings of operations
16. Informant Mass. H. W. aswington	Antopsy results
Address 5/3 Viscoria Mark, Toroson, Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7:11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Country	Where did Injury occur? (City or town) (County) (State)
town and	Injured at home, farm, Industry, public place (where?)
Location	
t8. Funeral director	Means of Injury Injured at work?
Address Tonson flud !	23. SIGNATURE / 1. O. Defluon M.D.
Tet 12 "45 Williams May	M. D. or other
(Date rec'd by registrar)	Address Lowston MIN Date signed 1-66 10 45



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/21

### CEDTIFICATE OF DEATH

01390

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	State Maryland County Politicare
City or town	
How long in above place of dealth? 15 Days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:  Vets. Adm. Facility, Ft. Howard, Md.	Street No. 3401 Bast Baltimore St.
How long in hespital or institution? 15 Days	(If rural, give LOCATION)
	2.(a) If veleran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
JERRY BEJSINK  4. Sox   5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. Reh. 18, 19.45 19.45 19.45
6.(b) Namo of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that t stiended deceased from
e (a) Id allue plus ame	February 3, 1945 to February 18, 19 45
7. Birth date of	and that I last saw h imalive on Fabruary 18, 18.45
deceased (me., day, yr.) 8-27-1879  8 AGE: Years   Months   Days   If less than one day	Immediate cause of death Disease of Heart DURATION
	Coronary Arteriosclerosis, cardiac 15 Days
65 4 22brs	enlargement, myocardial damage, plus
8. Sirthplace Buffelo, N. Y. (Town, county, and state)	Joye 10/ Myocardial Insufficiency
10. Vesuat eccupation Tin Plate Roller	
10. Usuat occupation.	Due le
11. Industry or business	
12. Name	Other conditions Membrosclerosis
	(Include pregnancy within 3 months of death)
14. Maiden name Lola O'Connors	Major fiedings of operations
14. Maiden name. Lola O'Connors  County Cork, Ireland	Dalo ot op.
16. informant Clinical Records, Vets. Adm. Fac.	Antonew warmits
Fort Howard, Maryland	PHYSICIAN: Please underlino the cause to which death should be charged statistically.
Address 2.1.1 19115	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or hemicide
Cometory or crematory St Mathema	Where did injury eccur?
incation O'Douncell St Balto md.	Injured at home, farm, industry, public place (where?)
1	Mozos of injury injured at work?
18. Funeral director. D. Z. Carring Terry	Pine 1
Address 21 77 2 5 24.	23. SIGNATURE A LINE
	C. J. KEN EY. M.D. CLINICAL DIRECTOR
19	Address Howard Mary Land Dale signed 2/ 45



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Every item of information should be carefully write the causes of death clearly and locath. AGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK, correct age is especially important. Physicians: please

CERTIFICAT	E OF DEATH Registered No. 30
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address 1/8 Malbrook Al.  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State
3 (a) FULL NAME Jannie Leister	Benson
3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex  5. Color or race divorced.  6 (b) Name of husband or wife Leo.  1. Borson	MEDICAL CERTIFICATION  20. DATE OF DEATH Zer. 9, 1945, at M  21. I certify that death occurred on the date above stated; that lattended deceased from 1944, to 7469 1945, and that I last saw h a alive on 7469 1945.
6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) 10-7. 4, 1864  8. AGE: Years   Months   Days   If less than one day   hr. min.  9. Birthplace Md.	Immediate cause of death  Myocordial Description  1/271  Due to
10. Usual Occupation 7. (Sown, county, and state) 11. Industry or business 12. Name abraham Leister	Other Conditions
12. Name Command Seister  13. Birthplace  14. Maiden Name Levina Hahr  15. Birthplace	(Include pregnancy within 3 months of death)  Date of operation:  Major findings of operation:  of autopsy:  Underline the cause to which death should be charged statistically.
16 (a) Informant Leo. N. Bengon (b) Address / 8 malling T.Cl.  17 (a) Burial (b) Date thereof Feb. 12/4.  (Burial, eremation, or removal) (month (day) (year)	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(c) Cemetery or grematory breus Riles Location Likesuill M. S. 18 (a) Funeral director Farry A missible	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public place?
(b) Address. (c) (Date rec'd by recistrar)	Addition & Edmender Date sign 11/45

Joes

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### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

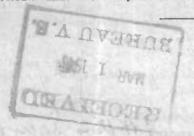
If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



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WRITE PLAINLY, WITH UNF is especially important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

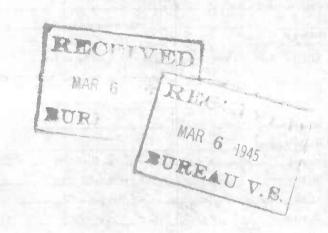
2411 N. Charles St., Baltimore NT

### CERTIFICATE OF DEATH

01392

OBRITION!	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn luranta give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME    Sex   5. Colgr or race   6.(a) Single, married, widowed, or divorced   6.(b) Single, married, widowed, or divorced   6.(c) Single, widowed, or divorced   6.(	3. (b) Social Security Number  MEDICAL CERTIFICATION
8.(b) Name of husband or wife S.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
7. Birth date of deceased (mo., day, yr.) May 9/1944	Immediate cause of death DURATION
8. AGE: Years Months By's If less than one day  2 /	Due to Paula Congress 30%.
12. Name Transfer Internation 13. Sirthplace Internation 14. Malden name Marie Internation 15. Birthplace Pacific Co. Mod.	Other conditions
16. Interment Mary Bagler. Address Dunfall my	Autopsy results
17. Burial, eremution, or religion. Phien (mouth) (day) (year)  Cemetery or crematory  Location  19. Funerat director.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
19. My 45 19. Mbarburge.	23. SIGNATURE MOONING MO.

PETAGO TOLLY/PITHTREE



The correct age

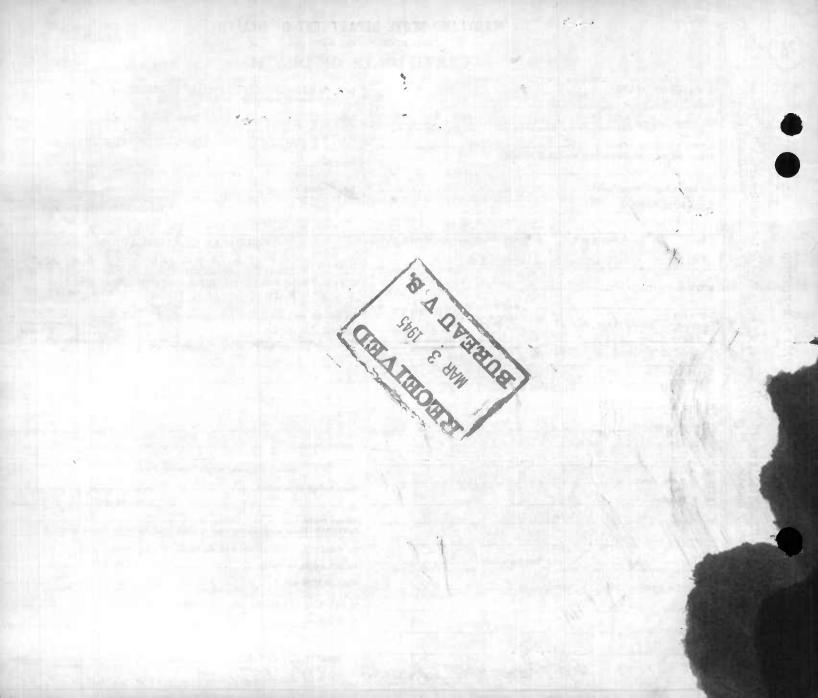
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01393

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced  Female   Colored   Married   .	MEDICAL CERTIFICATION  20. DATE OF DEATH. 2-19-45 19
6.(b) Name of husband or wife. Howard A. Bouldin  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  2 - 1 - 1 - 19 - 19 - 19 - 19 - 19 - 19
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  56 27	Immediate cause of deeth DURATION  Due to  Due to
12. Name James Henry Walters  13. Strinplace Harford Co.  14. Maiden name Joanna Mason  15. Strinplace St. Mary's Co.  16. Informant Howard A Bouldin  Address Glyndon, Md.	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory St. Lukes  Location Baltimore Co.  16. Funeral director I.F. Eline & Sons  Address Reisterstown Ad.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
10 & 21 1945 Mare Dx Cerbangh	Address Resolution Well Date signed /2//X



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

teg. Dist. No. 38

	Rog. Dist. No
1. PLACE OF DEATH: Ballemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
City or town. (If ontside city or town limits, write RURAL and give nearest town)	State The County Dulling
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Sireet No. 7/08 Wandman Track.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Belle BERBE	Briester 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
weele While thelew	20. DATE OF DEATH FRE 16 75 19 45 at 4 A M
8.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  File 25 19.45
7. Birth date of deceased (mo., day, yr.) TELESSER 1863	and that I last saw h. alive on the \$5.77 18.45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
8/ / 27hrsmin.	
9. Birthplace (Town, sounty, and state)	Due fo.
10. Usual occupation	
11. Industry or business	Due to
12. Name Wellieuw Delke	Other conditions QQ
13. Birthplace probable left Rhode show	(include pregnancy within a months of death)
14. Maiden name TELLEN Stricter	(include pregnancy withings months of death)  Major fieldings of operations
2 15. Birthplace mobile ly Thurse Isaland	Date of op.
18. Informant Mary Mary Mile Be Jackse Sulffering	Autopsy results
Address 7/08 Starelynew room	22. VIOLENCE: If death was due to external causes, filt in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory State Land Land	Where did injury occur?
Location Bulleville - They	Injured at home, farm, industry, public place (where?)
18. Funeral director State Sta	Means of Injury Injured at work?
Address 108WHmhave 13allo.	TO 18 8 1000 MM
" 2/26 45' G.W. Hedrick	23. SIGHATURE M. D. or other
(Date rec's by registrar) Registrar	Address /20/ York Rd. Date signed 2 -26-98

DC 1/20/5

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore (874)

01395

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2 HIGHAL BESIDENCE (LIONATE) OF DEGLACED
County Balting Distriction	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0 . 0 . 0 . 0	State Maryland County Telderice
City or town. (If outside only or town limits, write RURAL and give nearest town)	/ 2
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 238 16 Cheech St
Rosensad Starte Seamy Class	(If rural, give LOCATION)
How long in hospital or institution? 17 ups 7 man 9 defe	2- 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Grace Vingenia 13.	Lookeef. mone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Buch.	401 - 150 250
remain to men and go,	20. DATE OF DEATH. The state of
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3 - I la selective of 18.28 to July 18.45
7. Birth date of deceased (mo., day, yr.) November 10. 1920.	and that I last saw h. C. ative on tell and the same of the same o
8. AGE: Years   Months   Days   It less than one day	Immediato cause of death
o. Add.	
24 3 3 min	Bearlafaeenong / Les
8. Birthpiace John derick ma	Due to.
(Town, county, and state)	Beduchitis 2dels
10. Usual occupation.	Due to
11. Industry or business Place.	
# 12. Name Edewin Dr. Brooked	Other conditions Teches as Schangs's hite
\$ 13. Birthotace I to decech Thanklace	I Grand mal Epcless 22 cho.
14 Maiden name Ouces Grace Thone	(Include pregnancy within 8 months of death)
The state of the s	Major findings of operations.
15. Birthplace Trederich Therefland	Date of op.
16. Intermant & D. Reld A. A. J. Lang School Roll	dautopsy results
Address Persing The Ola The	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bening 1/17/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Jolean	Where did injury occur?
-tooled by had	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Harry C. Conty Cor	Means of Injury Injured at work?
Address Freddish md.	I Level H. M. Cliston M.D.
1/1/2/2/1	23. SIGNATURE Scakel 14. lle Cluelon M
19. I le dels 18 45 John of Whange	Q Q M. D. or other
(Date rec'd by registrar) Registrar	Address Jales and Ways The out signed folding.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01396

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Stale
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Widower	20. DATE OF DEATH Feb. 27, 1945
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slaled; that I alteoded deceased from  19. to 19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
s. BirthplaceVirginia.  (Town, county, and state)  Laborer  10. Usual occupetion  Laborer  11. Industry or business  12. Name	Due to
16. Informant Mr. David G. Brown Address Oella Ave.	Autopsy results
Burial  (Burial, cremation, or removal. Which?)  Cemelery or crematory. Arbutus Mem. Park  Location. Baltimore Co., Md.  18. Funeral director Prs. Frances A. Hemsley  Address 578 W. Biddle St.	22. VIOLENCE: 11 death was due to exteroal causes, fill in the tollowing;  Accident, suicide, or homicide
19. (Date rold by registrar) 18 4 5 Refistrar	Address / OCO Leeds On Date signed 2 27.



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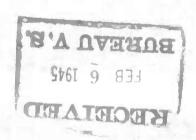
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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

01397

The	2411 N. Char	rles St., Baltimore (932)
d.	CERTIFICAT	TE OF DEATH Reg. Dist. No.
information should carefully be supplied of death clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If owesid city or town limits, write the RAL NEAR and give town)  Street No.  (If riveal give LOCATION)  2(a) IF VETERAN, NAME WAR  3. (b) Social Security Number
NFADING INK. Every item of information Physicians: please write the causes of death cle	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	Due to Maye as discled degrass 2 m o  Due to Circles o Selerosis Mahaman  Bither conditions (Include pregnancy within 8 months of death)  Major findings:  Df operations Physician  Physician  Please underline the cause to which death should be
PLEASE WRITE PLAINLY, WITH U correct age is especially important.	16. Informant  Address 007 9. Street  17. Acmidal Bate thereof Test 5/45  (Burhil, cremation, of removal, Which?)  Cemetery or crematory  Location Demonstry  18. Funeral director Manuforth General Selector Daugutte  Address 129 M. Carstine Street.  19. Acros Registrar  19. Registrar	Charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  1 Injured at work?  Address Darrow or Market signed



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

### CERTIFICATE OF DEATH

01398

Dist No 44

The state of the s		
County  City or town. City or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
3. (a) FULL NAME Olivia Brown	3. (b) Social Security Number	
4. Sex  5. Color or race  5. (a) Single, married, widowed, or divorced  Fenale Colored Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH 7 19.5.5.01 11.5.21	
8.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated; that tattended deceased from	
7. Birth date of S. (c) If allive, give age years	and that I last saw h alive on 7 16 20 19 X	
Montpace (ine., edy, )	Immediate cause of death DURATION	
8. AGE: Years Months Days It less than one day	Coronery Thrombonis 5 days	
9. Birthplace Calvert (Town, county, and state)	Due to Bertinosellerote Hearthis, about 1549	
10. Usuat occupation. The Link State of the	Due to	
11. Industry or business  12. Name Williams Striffin  13. Birthplace Calvert County M.	Dither conditions	
E 14. Maiden name Lusur Jane ?	(Include pregnancy within 8 months of death)  Major findings of operations.	
15. Birthplace Calvert Country md.		
16. Informant While was Briffian	Autopsy results	
Address 3016 23 4 51	22. VIOLENCE: It death was due to externat causes, fill to the following;	
(Burlal, eremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Alt Attphena Cemeley	Where did injury occur?	
Location Esseaf fy med.	tnjured at home, farm, lodustry, public place (wbere?)	
18. Fuoral director Y Dro. Artest Q. Eller 18 Off	Means of Injury Injured at work?	
Address 1/2971. Caroline St.	23. SIGNATURE John CBaier In D	
19. 22 19.45 Q. W. Hedrek (Date rec'd by registrar) Registrar	Address 8 / 5 Eastern are Bate signed 2/21/45	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-c.

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Baltimore  City or town. Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 34 Days  Hospital, institution, or street address where death occurred:  Vets.Adm. Facility. Ft. Howard, Maryland				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Baltimore  City or town Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 611 Willow Avenue  (If rursi, give LOCATION)	
How long in hospital or institution? 34 Days				2.(a) If veleran, name war.	
3. (a) FULL NAME				3. (b) Social Security Number	
4. Sec	ROLAND AS		e, married, widowed, or divorced		
				MEDICAL CERTIFICATION	
Male	White	Me	arried	20. DATE OF DEATH February 8, 19.45 at 8:1	O.P.
6.(6) Name of husband of wife Helen Bryan  Bryan  Birth date of decaded (mo. day yr) 6-6-1889				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5. 19.45 to February 8. 1 and that I last saw him alive on February 8. 1	
deceased (mo., day	7107	Days	I If tess than one day		HOITA
0. 1200.	5 8	1	brsmin.	Right lung with metastases to liver and mediastinal lymph nodes Unk	nown
9. Sirthplace Dillsburg Pass (Town, county, and state)  10. Usual occupation Retired Policeman  11. ledustry or business  12. Name Charles Bryan  13. Birthplace Mechanicsburg, Pas  14. Maiden name Catherine Arnold  15. Sirthplace Dillsburg, Pas  16. Informant Clinical Records, Vets. Adm. Facility  Address Fort Howard, Maryland			ets. Adm. Facility	Bue to  Bither conditions  (Include pregnancy within 3 months of death)  Major fladings of operations  No. operations  Date of op  Autopsy results. Substantiated above.  PHYSICIAN: Please underline the cause to which death should be charged statistically	
Cemetery or crema	A. Lee	nd Memo lore, Ma Oder	(month) (ddy) (year)  prial Park  ryland  do, Balto, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suitcide, or homicide	

### MARYLAND STATE DEPARTMENT OF HEALTH

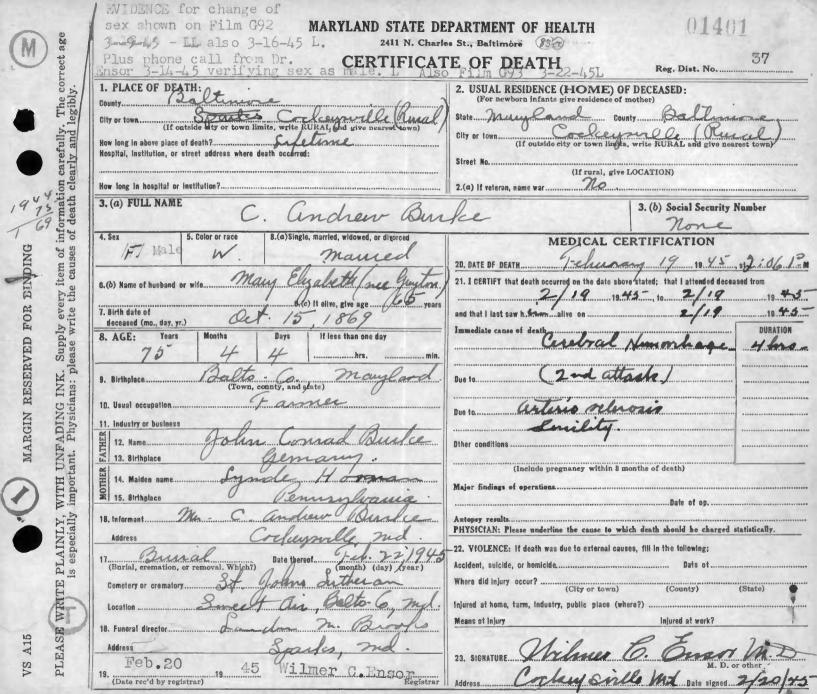
2411 N. Charles St., Baltimore 766

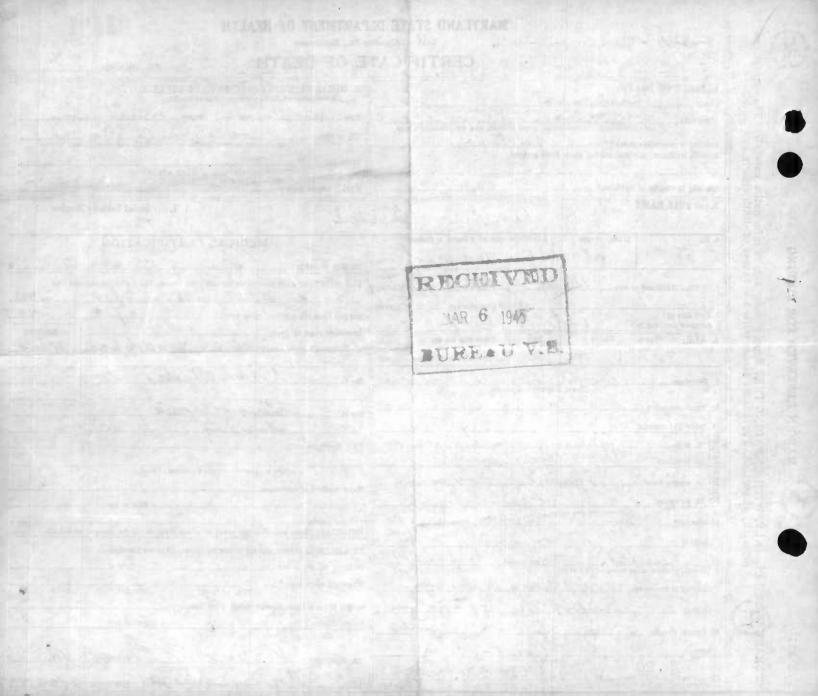
### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of face 6.(a) Single, married, widowed, opporced  F  W  8.(b) Name of husband or nife  Surger  Burger	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) far 24-1885	and that I last saw h Malive on ### 2019 ### 2019 ####################################
8. AGE: Years Months Days It less than one dayhrsmin.	Deveral jed Carenonatoria about 3 mm
9. Sirthplace (Town, county, and state)  1D. Usual occupation.	Due to.
11. Industry or business  12. Name	Dither conditions
14. Maiden name Comity Cothery  15. Birthplace Pa.	Mover findings of operations. Advise care roma of Stomach.  Tirory Nomens Hosp. Date of op. Jan 3 / 4 5
18. Informant Joseph R. Burger. Address 1121 Casternaue.	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal, Which?)  Cemetery or crematory.	Accident, suicide, or homicide
Location German Hell 62d.	Injured at home, farm, Industry, public place (where?)
Address 410 Postern My. Joseph 21.	23. SIGHATURE John Baier M. D. or other
19. 3 - 19 45 4m 9. Connelly (Date rec'd by registrar)  Eggistrar	Address 8/5t Eastern Oure Date signed 221-45

HTASE TO SEATHFURST

APR 5 1945 BUREAU V.S.





2411 N. Charles St., Baltimore 1700

01402

### CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balto	(For newborn infants give residence of mother)
Else en	State 2nd County County
ity or town(If a tside city or town limits, write RURAL and give nearest town	6 d ac-
fow long in above place of death?	(If outside city or town limits, swrite RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Box 2 12 24 1 1 1 Cas'
	Street No
n 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1	2,(σ) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME Robert L.	Barke 3. (b) Social Security Number 213-16-9326
4. Sex 5. Color or ace 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
m. S. Shrowed	
The faction	20. DATE OF DEATH. 201. 18 4 19.45 at 1.20 A.
Hells Borkenu	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3.(b) Name of husband or wife.	
	years
7. Sirth date of deceased (mo., day, yr.) Oct. 17th - 1810	end that I last saw halive on
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death
1.1 200	
19 76hrs.	min. Trockey Opol Page
Nugmas	Due to Defeld
3. Sirihpiace	10000
10. Usual occupation Natchman	Caller of Bart ba
	Due to.
11. Industry or business	
12. Name Les · Burke	Other conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Maiden name. Perry  15. Birthplace	Major findings of operations
15. Birthplace	Date of op.
mea. release of tank	
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 934 S. Conteling It.	
A 10/2/10	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (nonth) (day) (yen	Accident, suicide, or homicide
Burkeyend and	Where did jointy occur?
Cemetery or crematory	(State)
Location / auglor Mul!	Injured at home, farm, Industry, public place (where?)
Males to Connelle	Means of Injury College of the Unjured at work?
19. Funeral director.	
Address 418 Verterso (Noc. Joses 21	(My love - o ma)
	23. SIGNATURE M. D. Concother
19 2/20 ) 19 43 Grownelly	Repring mercet hour
(Dat/rec'd by registrar) Re	gistrar Address Date signed Date signed

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

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NAR 5 1945 BUREAU V.S. 2411 N. Charles St., Baltimore 340

01403

### CERTIFICATE OF DEATH

	Keg, Dist. No
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	Last. Dallemase
(If outside city or town limits, write RUKAL and give nearest town)	State County County
How long in above place of death? 5 thee fact.	City or town. At outside city or town limits, write RURAL and give mearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3110 N. Sarrison Che
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth ann Burn	
4. Sex 5. Color or race ((a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White marened.	20. DATE OF DEATH. Let 16. 19. at 12.301
6.(6) Name of husband or wife Kaymond R. Durns.	21. I CERTIFY that geath occurred on the date above stated; that I aljended deceased from
6.(c) If alive, give age 29 years	19 to 20 9 19 -
7. Birth date of	and that I last saw hele alive on 1973
8. AGE: Years Months Days If less than one day	Immediate cause of death
	Brain Lunge -
25 6 /hrsmin.	(Lliama) 9yrs.
9. Birthplace Manham Bulliana nd. (Town, county, and state)	Due to
10. Usual occupation Housewife.	
	Due to
11. Industry or business	
12. Name 2 dward D. Havard.  13. Birthplace Ceachyaville, Ind.	Other conditions
	(Include pregnancy within 3 months of geath)
14. Malden name Lasta Green  15. Birthplace Cocknowlee, not.	B. Tarak Struck
15. Birtholace Cochypnille, not.	Major fludings of operations.
Parado R B.	Date of op.
16. Informant	Autopsy results
Address 31/0 N. Harrison Ore.	
17 Busial Date thereof 3-1-45	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mondaton M- J. Lemelly	Where did Injury occur?
Location Monketon, Bad.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Forma Byers	Means of Injury Injured at work?
Address 5005 Back Height and	Hull nound
18 2/28 45 G W. Hedrich	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 7 37/40

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con is especially important. Physicians: please write the causes of death clearly and legibly. TARGIN RESERVED FOR BINDING

The correct age

PLEASE

pue d. 11,5, 21,28/45

infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01404
O 51	County Daltimore Md.	Registration Dist. No. 44
item of should of OCC	Village or City Edgemere	No. St, Ward
L w L	The second state of the second	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every MANS	2. FULL NAME Lucille Carr	
CORD. Every PHYSICIAN cet statemen	(a) Residence: No 2824 Lodge Tarm tra	St., Ward.  If nonresident give city or town and State
RECORD.  PHYSI  Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Į3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Course 27 - 7 193 (Year)
BINDING PERMANENT EXACTLY y classified. te.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Willie	22. I HEREBY CERTIFY, That I attended decaased from
A ZXT.	6. DATE OF BIRTH (month, day, and year) Let. 12. 1915	I last saw h enaliva on Dele 27-4-19 ; death Is said
OR A I tred operl	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
- 70	8. Trade profession or particular	Rulmonair Subralosis, inkno
RVI COULD MAY Back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
ESE INK E sh at it	10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
2 4	12. BIRTHPLACE (city or town) PNL .  (Stata or country)	Other Contributory Causes of importance:
ARGI UNFAI pplied. terms,	13. NAME Edward Taylor	
Se in Se	14. BIRTHPLACE (city or town) Vac. (State or country)	Name of operation
	15. MAIDEN NAME annie Lee	What test confirmed diagnosis? Was there an au'opsy?  23. If death was dua to extarnal causes (VIOLENCE) filt in also the following:
INLY, WITH be carefully EATH in pla	15. MAIOEN NAME Consider Lec  16. BIRTHPLACE (city or town). Was	Accident, suicide, or homicida?
	17. INFORMANTANNIE Emnello (Address) 2824 Forday Fram Kind	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E SI	18. BURIAL, CREMATION, OR REMOVAL Piace Dellevyn Dirgensa Date March 1 , 19 55	Manner of injury
wRIT mation CAUSI TION	19. UNDERTAKER Mes Whert a. Ellist & Daughter (Address) 1/29 M. Caroline 18	24. Was disease or injury In any way related to occupation of deceased? 100
N. S. B.	20. FILED 3/1 , 19.45 A.W. Hedre	(Signed) Thomas M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. z.

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
		THE STATE OF		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

01405

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAME James Hest ba	3. (b) Social Security Number		
4. Sex 5. Color or yello S. (a) Single, married, widowed, or divorced married.  S. (b) Name of husband or wife. Rhoda Carter S. (c) If alive, give age. b. J. years  7. Birth date of Sharps 3- 1866	MEDICAL CERTIFICATION  20. BATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 7. 10. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
8. AGE: Years Months Days If less than one day 7 8 7 20hrsmin.	Immediate cause of death  Coule Conney Occurs  Jun 2 154		
9. BirthplaceFact Myero Florida  (Tordi, county, and state)  10. Usual occupation	Due to.		
12. Name. George Carter  13. Birthplace Georgia	Other conditions		
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations		
Address 27 Francouse are, medele Rose	Antopsy results		
17. Dansfortation Date thereof 7/13/46 (Burial, cremation, or removal. Which?) Cemetary or crematory. Hollywood Cemetary	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
18. Funeral director Jam J. Connelly Address 418 Castern are: Exset	Means of injury Injured af work?		
19. 2/13/ (Date rec'd by registrar) 19. 45 This G. Connelly Registrar	23. SIGNATURE M. D. or other  Address Date signed 21.14.45		

MARCHARD STATE DEPORTMENT OF BEAUTH

REGIDENCE TO STATE THEO

RECEIVED

MAR 5 1945

BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01406

	Nog. Dist. Nog
1. PLACE OF DEATH: Baltings of	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Many land county Baltimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	10000
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, or street address where death declined.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cecelia May &	aver Hone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH #16. 25 19.45 at 10:05A.
6.(b) Name of husband or wife John D. Lavers	21. I CERTIFY that death occurred on the date above stated; that I attanded deceased from
	7 th 18 40 to Feb. 25 194d
7. Birth date of deceased (mo., day, yr.) May 7,3. 1871	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate caose of death
73 9 2hrsmin.	Dei Nocke Melline 300
3/11/21/21/21/2	Diobetes Wellihes 30 yrs
9. Birthplace (Town, county, and gtate)	Due to
1D. Usuat occupation.	Due to
11. Industry or business	DUE 10-
12. Name Justinua III Ilyston	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Julike Burke	The second secon
15. Birthplace Maryland	Major fiedings of operations
16. Informant Jahren & Carrey	Aotopsy results.
10 -00 -00	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
B. 10 17 17 08 101	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal Which?)  Date thereof # Left # 20, 1945.  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location La literatt Petry Mills	tnjured at home, tarm, industry, public place (where?)
18. Funeral director & astan Sons	Means of injury injured at work?
Address Ellicott Pity M.d.	Swar or hum und
19. (Date rec'd by registrar)	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 1/9 @ CERTIFICATE OF DEATH

01407

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Belleurs	(For newborn intents give esidence of mother)
	State County
City or town	City or town
How long in above place of death?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Hospital, institution, or street eddress where death occurred:	Street No. 1744 Profition Cost
	(If rup, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carol Joan	e Christy
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
Jenule White	20, DATE DE DEATH Feh (2 19.45 at A B M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	to
7. Birth date of	and that I last saw hallye on
deceased (mo., day, yr.) Yebs 12, 1944	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Din Barben And
hrsmin.	Exit 3 Ti
Brief Car B Med	
9. Birthplace	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name 12.	Dither conditions
\$ 13. Birthplace Mentalis . How York	
E Che Thease 5/Horney	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
15. Birtholace spanners fourth, Mary and	Date of op.
16. Interment Granz Christy	Autopsy results
enclose to 1/2" an in all	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1/47 / Sight San alle allendale	22. VIOLENCE: If death was due to external causes, fill in the following;
Ourial, cremation, or reviews. Which? Date thereot (month) (day) (year)	Accident, suicide, or homicide
M has no local	
Cemetery or crematory	Where did injury occur?
Location Mil Calynee Cours	Injured at home, farm, Industry, public place (where?)
18. Funeral director mark of Mewell	Means of Injury Injured at work?
011 100. 120	Man in : ma.
Address Resurelle Manylog	23. SIGNATURE JAMAN AND AND AND AND AND AND AND AND AND A
2/13/10 Donas	Vestally met. Elawin Betology .
(Date reg d by negistrar)	Address Dundark Y Date signed 2//3/45



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of	F DECEASED: mother)		
County Baltimare				State Maryland County Baltimore				
City or town				City or town Lutherville (If ontside city or town limits	-	00.00.000.000.000.000.000.000.000		
			•••••••••••••••••••					
Hospital, Instit	ution, or stre	et address where	death occurred	i. Maryland	Street No. Lutherville, Md	Z OCATIONI		
					(If rural, give	(If rural, give LOCATION)  2.(a) It veteran, name war		
		titution?	.Day.s		.    2.(a) it veteran, name war			
3. (a) FULI	L NAME					3. (b) Social Security	Number	
		BERT OTT	O CLARI	K.				
4. Sex	5.	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	9 1	White	Man	rried	20. DATE OF DEATH. Feb. 15.	19.45	at 6:40P.M	
	11.11.11	. Sadi	e Robin	nson Clark	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dece	ased from	
6.(b) Name of	husband/or v	W110		5.4		45 to February	7. 15.,1945	
7 Right date of	······································			e) If alive, give age54year	and that I last saw h 1111 alive on Febr	uary 15,	19.4.5	
deceased (n	no., day, yr.)	6-18-8	37		Immediate canse of death	·····	DURATION	
8. AGE:	Years	Months	Days	It less than one day	Acute Coronary Occlus	ion	2 Days	
	57	7	27	hrsmin				
0 Birthniaca	Ma	ryland		itate)	Que to Disease of the hea	rt, Coronary	***************************************	
5. Butilplace.		(Town	, county, and	itate)	Arteriosclerosis, car	diac enlarge-		
10. Usual occ	upationU	nemploy	ed		" /woodoment, Myocardial d	lamage, and	***************************************	
11. Industry o	r business				Myocardial insufficier	1CV	2 Yrs.	
Hame	Rob	ert Cla	rk		Other conditions Chronic Arthr	itis of spine		
		ryland						
			Ar: 1 1-1	0	(Include pregnancy within 3			
14. Maid 15. Birth	en name		al.cr.kep	£	Major mignife or obergones		*****************************	
15. Birth	place M	ichigan				Oate of op		
16. Interment	Clini	cal Rec	ords, Ve	ts. Adm. Facilit	Autopsy results	1.1 1 1 2 2 21 1 2 2 2 2	ata tiati an Ner	
Address		Fort Hor			PHYSICIAN: Picase underline the cause to w		statispeany.	
Atteress			4h 10 1045	22. VIOLENCE: If death was due to external car				
17. Ririal Date thereof (Month) (day) (year)			(month) (day) (year)	Accident, sutcide, or homicide				
Cemetery or crematory Parkwood Cemetery				tery	Where did injury occur? (City or town)	(County)	(State)	
Location Parkville, Maryland				ryland				
					Manna of Injury	Injured at work?		
18. Funeral o				n				
Address	I	owson,	Marylan	d	nne ester	mey.		
V	100	at	( )	Keden (	23. SIGNATURE KENNEY, IN	A.D. CLINIC MLD.	Parother CTOR	
19	c'd by regist	trar)		Registra	Address Ft. Howard, Ma	arylandDate signed	2-16-45	

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-37

### CERTIFICATE OF DEATH

01409 eg. Diat. No. 30

45

	1176, 21-11 170 1111111111111111111111111111111
1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Parlo	(For newborn infants give residence of mother)
City or town unuseur	State County County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Cinnealic
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street Ho. 6512 Bevesly Cloax
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Man Man / freen loon	Q <sub>2</sub>
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1 1 1	
mule white many	20. DATE OF DEATH Though 3 4 194.5 at
8.(b) Name of husband or wife Osture	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	19
7. Birth date of	ears and that I lead sow be allow an 19
deceased (mo., day, yr.) Jan 6 1897	
8. AGE: Years   Month's   Days   If less than the day	
48 7 28 hrs.	nio 5011111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
70	
9. Birthplace (Town, county, and state)	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Hame Mosshew Hearney	Other conditions
5 0	
	(Include pregnancy within 3 months of death)
14. Maiden name alexanth Morare	Major findings of operations
14. Maiden namedly atthe Moran  15. Birthplace W V w	
07 00	Date of op.
16. Informant	Autopsy results
Address 65-12 Octentrale Cloud	24 -
(1)	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (pay) (year)	Accident, suicide, or homicide Delle Date of Date of
Cemetery or crematory Carly Dal	Where did injury occur? (City or town) (Connty) (State)
0.0	
Localion	Injured at home, farm, industry, public place (where?)
18. Funeral director Desge Co Flarley	Means of Injury Leller ley gos Ipjored at work?
- 1x 00 Dec	mater de me les
Address 6 along ville In a	- 23. SHONASURE When ally in w
" Mhhus offel skew	M. D. og other
(Data rec'd by registrar)	trar Address ( Cesurelly 1/1) Date signed



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

### CERTIFICATE OF DEATH

01410

3 No. No. 31

I. PLACE OF DEATH:  County Baltimore  Woodlawn  (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Md.  Baltimore		
			How long in above place of death?		
Hospital, Institution, or street address who			2002 Mosby Ave.		
2002 Mosby Av					
How long in hospital or institution?		***************************************	.   2.(a) If veteran, name war	*******	
3. (a) FULL NAME		0	3. (b) Social Security Number		
		ry Corron			
4. Sex 5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	q	
Female White		Married	20. DATE DE DEATH February 7 1945 al8.55	P	
B.(b) Name of husband or wifeCha	rles B.	Corron	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	160	
7. Birth date of			Jan 28 19 45 10 Feb 7 19	42	
7. Birth date of deceased (mo., day, yr.) July	22, 1881	, , , , , , , , , , , , , , , , , , , ,	and that I last saw her alive on feb 6:165 19	********	
8. AGE: Years Months	Days	l if less than one day	Immediate cause of death	TION	
63 6	15	hrs,ml	. Ι.	7h.	
Baltimore.	Md.		Due to .	*********	
9. Birthplace Baltimore,					
10. Usual occupation	ewife		Due to Deserve 6-	<u></u>	
11. Industry or business					
臣 12. Name Charles	L. Smit	<u>;h</u>	Dther conditions		
I 13. Birthplace Engla					
H 14. Malden name Miss			(Include pregnancy within 3 months of death)		
H		•••••••••••••	Major findings of operations		
16. informant Mr. Lee A.			Antopsy results		
Address 2002 Mosby Ave., Woodlawn					
17 Burial (Burial, cremation, or removal, Which?)  Date thereo Feb. 10, 1945 (month) (day) (year)			22. VIOLENCE: It death was due to external causes, till in the following:		
			Accident, suicide, or homicide		
Cemetery or crematory Lorraine Cemetery			Where did injury occur?	P8	
Location	n, la.		Injured at home, farm, industry, public place (where?)		
18. Funeral director Bullis		norran	Means of injury injured at work?		
Address 4510 Liberty Heights Ave.			a those & whole		
7-10 11	511	11 Kale	Z3. SIGNATURE M. D. or other		
19		Registra	Address 4509 Liberty Hgts Ave. Date signed		

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

()1411

I. PLACE OF DEATH:	(For newborn infants give residence of mother)		
County Baltimore	State Md. county Balt.o.		
City or town			
How long in above place of death?Life	City or town Fullerton (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Camp Chapel Road		
Camp Chapel Road	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
MARGARET A. COSTER	**		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE DE DEATH February 19th, 19 45 at 9:45Pam		
6.(b) Name of husband or wife Henry B. Coster	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Feb 1 ct 18 43 10 tol 19 18 45		
7. Birth date of	and that I last saw hlivo on		
deceased (mo., day, yr.) April 22, 1883	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day	J		
61 9 27hrsmic.	leownon thurston 19 lan		
9. Birthplace Balto. Co. Md. (Town, county, and state)	Due to.		
	/		
10. Usuat occupation	Due to		
11. Industry or business			
12. NameJacob.J. Winkler  13. Birtholace Balto. Co., Md.	Dther conditions		
Z 13. Birthplace Balto. Co. Md.	(Include pregnancy within 8 months of death)		
H 14. Maiden name			
	Major fiodiogs of uperatioos		
2 15. Birthplace Unknown	Date of op		
18. Informant Mr. John Coster,	Autopsy results.		
Address Camp Chapel Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, till in the following:		
17. burial Date thereof Feb. 22, 1945. (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematoryParkwood	Where did injury occur?		
Location Balton, M.G.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Language Ferrand Home	Means of Injury Injured at work?		
	(8/ ,50		
Address 7401 Belair Road	23. SIGNATURE M. D. or other		
" 4710-40710 M Hamman	M. D. or other		
19. (Date rec'd by registrar) Registrar	Address W. Overley land 2/20/41		

RECEIVED

MAR 13 1945

BUREAU V.S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 447

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  Causty  City or town  (If outside city or town lipsits, write RURAL and give nearest town)  Street No. 22 29 (If rural, giva LOCATION)  2.(a) If veteran, name war		
3. (a) FULL NAME			
270 - B. Mange For	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Shele, married, widowed, or divorced  W married	MEDICAL CERTIFICATION  2D. DATE OF DEATH PLC 23  19. 45 of 4A. M		
8.(b) Name of husband or wife. Wattre May  S.(c) If all e, give age year  7. Birth date of			
deceased (mo., day, yr.) May 4 - 1886	and that I last saw h. Amailive on		
8. AGE: Years Mooths Days It less than one dayhrsmin.	Immediate cause of death DURATION STATES		
8. Birihpiaca (Town, county, and state)	Dué to.		
10. Usuat occupation	Dua to		
12. Name	Diher conditions		
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations.		
\$ 15. Birthplace	Date of op.		
Address 71 29 9 tolabird ave.	Autopsy results		
17. BANCALL Date thereof (Month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory Sacred Heart	Where did injury occur? (City or town) (County) (State)		
Location Soleman Tight	Injured at home, farm, industry, public place (where?)		
18. Funeral director Jahra M Canelly Address 418 Castern ave. East 21 md.	Means of injury Injured at work?		
19. 7-4. 2 £ 19.45 John D. Connelly (Date rec'd by registrar)  (Date rec'd by registrar)	23, SIGNATURE COTTA N. Cledeles la . D. or other  Address V Leeshigh S. Delevigated 2/26/45		

THE PARTY OF THE P

MAR 5 1945

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH:  County Baltimore  City or lown Catonsville  City or lown Groutside city or town limits, write RURAL and give nearest town)  How tong in above place of dealh? 11 years, 8 months, 16 days.  Hospital, institution, or street address where death occurred:  Spring Grove State Hospital  How tong in hospital or institution? 11 years, 8 months, 16 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME Helen Cywinski	3. (b) Social Security Number
f 5. Color or race 6.(a) Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION  2D. DATE OF DEATH Fabruary 16.,
6.(b) Name of husband or wife	May 31,       19.33       10       Feb. 16,       1945         and that I test saw h OT alive on Feb. 16,       19.45         Immediate cause of death Myocardial failure       DURATION 3 wks.
9. Birthplace	Due to Myocarditis with fibrillation Indef.  Due to Hypertensive cardiovascular Indef.
12. Name John Kowalewski 13. Sirthplace Poland 14. Maiden name Taofila Swoboda 15. Sirthplace Poland	Other conditions
18. Informact Hospital racords  Address Caton swille, Baltimore = 28, Md.  17. Sunal Baltimore = 28, Md.  18. Funeral director 3 2 Man Caton (month) (day) (year)  18. Funeral director 3 2 Man Caton	Autopsy results

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cangfully. The is especially important. Physicians: please write the causes of death clearly and legible

MARGIN RESERVED FOR BINDING

19. (Date reed by registral) 1845 a.W. Hepre

Registrar

Address Baltimore -

re Mills

### WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

### CERTIFICATE OF DEATH

. •	Reg. Diet. 140.	
1. PLACE OF PATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
The Hard Hard III	State County Balto	
City or town	City or town	
How long in above place of death?		own)
	Street No. 5522 CARVICE	* 2 * * * * * * * * * * * * * * * * * *
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Numb	er
4.6 x 5. Color or sace 6.(a) Single, merrind/widowed, or divorced	MEDICAL CERTIFICATION	
Temale White making	20. DATE OF DEATH Tebruar 27 1945 at 7	145 P.
6.(b) Name of husband or wife. Frank W. Day	21. I CERTUSY that death occurred on the date above stated; the pattended deceased true 1845 to 72/2 20	om
7. Birth date of	and that I last saw h alive on 343 26	1945
8. AGE: Years Months Days It less than one day	Immediate cause of 12b	DURATION
5H 7 27	Chow renormage	idden
Maryland	Bus to Abar Preumonia - 8	dans
9. Birthplace	Due to.	
10. Usual occupation Advances		
11. Industry or business		
13. Birthplace Naudoul	Differ conditions	
13. Birthplace Roulled	(Include pregnancy within 8 months of death)	
14. Maiden Games Man Debugg		
15. Birtholsee / Meudosel	Major findings of operations	
Wester War Track le Her	Antopsy results.	
1B, Informant	PHYSICIAN: Please underline the cause te which death should be charged atatisti	ically.
Address 3 6 1 Carried 3/3/45	22. VIOLENCE: If death was due to external causes, till in the following;	
17. Burial, example of removal. Which?)  Date thereof 3/4/5 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	te)
Location BALTO - CITY.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Jon W R KGNNY	Means of Injury Injured at work?	
Address 1248 LE EOS TER. HALETRO PE (2)	2 (1) Kanna Mar	
2/2/ 1/5 Della D	23. SIGNATURE M. D. or other	er
19	Address 1938 Kinden ave Data signed 3	12/45

Lowen mal 0094 Linken V Preselman SI

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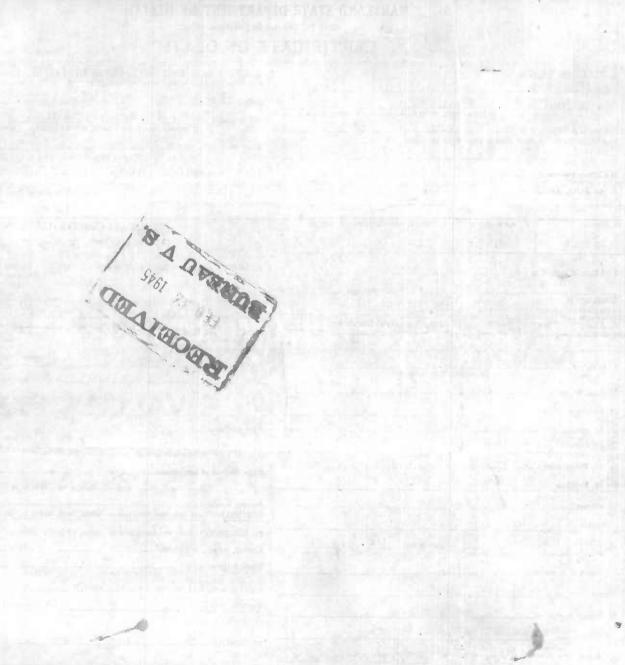
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/6)

### CERTIFICATE OF DEATH

()1415 Reg. Diat. No. 22

1. PLACE OF DEATH:  County Balto.  City or town Near Mt. Washington  (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Md. County Balto	
City or townN.C.2.	outside city or town in	mits, write R	URAL and give nearest town)	
Now long in above place	of death? 30	yrs	000000000000000000000000000000000000000	City or town Near Mt. Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or	r street address where	death occurred		Street No.
			***************************************	(If rurai, give LOCATION)
How tong in hospital o	r institution?	***************************************		2.(a) It veteran, name war. None
3. (a) FULL NAM				3. (b) Social Security Number
	Wi	lliam	E.Dixon	None
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Sin	ngle	20. DATE DE DEATH. 766 4 19 45 at \$130
				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.44.
***************************************	des soss s • • • • • • • • • • • • • • • •	6.(c	) It alive, give ageyears	and that I last saw have alive on 2-2-1945.
7. Birth date of deceased (mo., day,	yr) July	22,18	353	The state of the s
8. AGE: Year		Days	If less than one day	Immediate cause of death DURATION  Arthrigs Clerosis . Since 1-16-14
91	6	13	hrsmin.	
				Clar maplatrialis Sansa 15-16-
9. Sirihplace Frederick Co. (Town, county, and state)		tate)	Due to	
40 11 1	Rarmer			
10. Usual occupation. Farmer			***************************************	Due to.
11. Industry or busines				
			***************************************	Dither conditions
				(Include pregnancy within 3 months of death)
14. Malden name Rebecca Stallions 15. Birthplace Frederick Co.			ons	Major findings of operations.
15. Biribniace	Frederic	ck Co.		
1/1	s Harvey	Dixor	1	
			A	Autopsy results
	.Washing			22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burial	n, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide
				Accident, suitage, or memoral
Cemetery or crematory			***************************************	Where did injury occur?
Location Frederick, Md.			***************************************	Injured et home, farm, industry, public piece (where?)
18. Funeral director	J.F. Elin	e & S	ns	Means of Injury Injured at work?
	sterstown		0.00	20 8 . 6 5. 9
Address	6-5.194	5- 4	16 ( 1949)	23. SIGNATURE M. D. or other
19.	(19)	70	0 6 actors	1 2/2 - 12/2 - 12/2 0 - 11 1
(Date rec'd by re	egistrar)		Registrar	Address. Sate signed.



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

### CERTIFICATE OF DEATH

01416 44 Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore City or lown. Fort Howard				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			***************************************	State Maryland County Baltimore		
Hew long in above place of death?		Baltimore				
		City or town (If outside city or town limits, write RURAL and give nearest town)  Streef No. 3300 Forest Park Ave.				
					Vete Adm. Facility, Ft. Howard, Maryland  How long in hospital or institution?	
3. (a) FULL NAM	E			3. (b) Social Se	curity Number	
ROBERT L.	DUDLEY			None		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATIO	N	
Male	White		Single	20. DATE OF DEATH	45 at 2:00p	
				21. I CERTIFY that death occurred on the date above stated; that I attend	led deceased from	
7. Birth date of	***************************************	6.(	c) if alive, give ageyears		19.45	
deceased (me., day,	yr.) 11-14-	91		Immediate cause of death	DURATION	
8. AGE: Year		Days	It less than ooe day	Tuberculosis, Chronic, Pulmonary		
53	3	1 11		Far Advanced	6 mos.	
9. Birthplace Baltimore, Maryland (Town, county, and state)  10. Usual occupation Unemployed  11. Industry or business  12. Name Robert C. Dudley  13. Birthplace Baltimore, Md.  14. Malden name Bridget Caffery  15. Birthplace Baltimore, Md.			and state)	Due 10	Plus	
				Due 1e		
				Other conditions		
				(Include pregnancy within 3 months of death)  Major findings of operations.	***************************************	
15. Strthplace Baltimore, Md.  16. Informant Clinical Records, Vets.Adm.Fac.  Address Fort Howard, Md.  17. Success (Burial, cremation, or removal. Which?)  Cemetery or crematery Rule Cathadras			<b>J.</b>			
		PHYSICIAN: Please underline the cause to which death should be				
		22. V10LENCE: If death was due to external causes, till in the tollowing Accident, suicide, or homicide				
		Where did injury occur?(City or town) (County)				
Location Selfo			44	Injured at home, farm, Industry, public place (where?)		
18. Funerat director		0110-	-			
		7 263	M. D. of white TOR			

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01417

CERTIFICA	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH:  County  City or fown. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital, institution, or street address where death occurred:  How long in hospital or institution? The land of	Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  T-Estale White fluctorocal	MEDICAL CERTIFICATION  Tologian 18 45 1000
8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  19. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name (Same Superscript of the state)  13. Birthplace	Immediate cause of death  Due to.  Due to.  Differ conditions
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations
Address  17. B. Wall (Buriai, cremation, or removal, Whiteh?)  Cemetery or crematory  Location  AMAGERACIA  Bate thereof. F. B. 20, 1945 (month) (day) (year)  Location  AMAGERACIA  B. Funeral director.  D. M. F. E. L. E. L.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address 7/5 Light St. Hedrick	23. SIGNATURE FEUR CAMES M. D. or other  Address Ostowelle 28 Monate signed 7, 3/4

Address.

Registrar

VS A15

PLEASE

19. (Dat/rec'd by registrar)

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

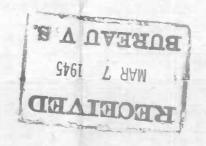
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### MARYLAND STATE DEPARTMENT OF HEALTH

01418

2411 N. Char	les St., Baltimore (B)-6
CERTIFICA	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (tf outside off or town limits, write RURAL and over nearest town)  Street No.
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME  Munnie Else	3. (b) Social Security Number
1. Sex 5. Color op race 6.(a) Single, margied, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH TESTIMANY 2 1 19 5 1
8. (b) Name of husband or wife Situ Established  6. (c) If alive, give age year  7. Birth date of deceased (mo. day. yr.)  8. A.G.E.: Years   Months   Days   If less than one day	21. I CERUEY that death occurred on the date above stated; that I attended deceased from  19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day  1 2 9 hrs. min.  9. Birthplace Salling (Town, county, and state)  10. Usual occupation	Due to.
11. Industry or business    12. Kame	Other conditions Chr. Helphailia 5 ym
14. Malden name	(taclude pregnancy within 3 months of death)  Major findings of operations
16. Interment Address F. Broadway	Autopsy results
17. Bate thereot (month) (pay) (year)  Cemetery or organizatory	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director X. S. Manuel J. M. Funeral director X. S. M.	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
19. (Date ree'd by registrar)  Address / 300 Collinson Class  Resignation	23. SIGNATURE M. D. ogother  Address M. D. ogother  Date signed

MARGIN RESERVED FOR BINDING



203 Jugarile W

### ENT OF HEALTH

timore (93-d)

3. (b) Social Security Number

1 hour

Reg. Diat. No.

ect age	MARYLAND STATE DE 2411 N. Charle CERTIFICAT	sa St., Bal
fully. The corr	1. PLACE OF DEATH:  County	2. USUA (For State

Spring Grove State Hospital

9 days

L RESIDENCE (HOME) OF DECEASED: oewborn infants give residence of mother) Maryland Baltimore-6 (If outside city or town limits, write RURAL and give nearest town)

4012 Bellwood Avenue Street No. ... (If rural, give LOCATION)

DEATH

### Frank V. Fay

How long in hospital or institution?

3. (a) FULL NAME

5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex White Male Married Emma S. Crate

B.(b) Name of hosband or wife..... 7. Birth date of July 19, 1878 deceased (mo., day, yr.)

Years Days If less than one day 8. AGE: Montha 66 6

Baltimore, Maryland
(Town, county, and state) 9. Birtholace..... Laborer 10. Usual occupation.

Odd jobs 11. Industry or business 12. Name...... 13. Birthplace George W. Fay

14. Malden na 15. Birthplace Edna Culling 14. Malden name... Balto Rud Hospital records

16. Informant Catonsville, Baltimore-28.Md. Address

Cemetery er Location

18. Funeral director Addresa

20. DATE OF DEATH February 9 19 45 at 10:05 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31 19 45 16 February 9 18 45

MEDICAL CERTIFICATION

February 9 and that I last saw h ... I'M silve on ..... Acute myocardial failure

Chronic myocardial failure (Before 1/31

Cardiac asthma

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur? ..... (City or town)

Injured at home, farm, Industry, public place (where?) ....

Meana of Injury

Injured at work?

Robert E. Gardner, Catonsville-28, Md.

23. SIGNATURE

especially PLAINLY WRITE PLEASE

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Supply

ADING INK. Supp Physicians: please

important.

ARGIN RESERVED FOR BINDING

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

### CERTIFICATE OF DEATH

	105. 20-10. 110
1. PLACE OF DEATH: Gounty Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town	State Maryland county Baltimore  City or town Lutherville (Rural)  (If outside city or town limits, write RURAL and give nearest town)  Street No. Broadway Road
	(If rural, givo LOCATION) NO
How tong in hospital or institution?	
Helen O. Forwood	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH February 8 th 1945 at 6.45 M
6.(b) Name of husband or wife. George S. Forwood	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	July 30+4 1037 10 February 8+19.45
7. Birth date of deceased (mo., day, yr.) Sept. 5, 1871	and wat I last paw n
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
73 5 3min.	Chronic Myocarditis 245.
9. Birthplace Balto Co a Md (Town, county, and state)	Due to
10. Usual occupation Housewife	Coronary Scherosis 2915.
	Due to Art. Sclerosis 5415.
11. trdustry or business 12. Name	
	Other conditions 8915.
	My po f ension 8918.  Onclude pregnancy within 8 months of death)
14. Malden name Eliza Jane Mayes  15. Birthplace Balto. Co., Md.	Major findings of eperations.
≥ 15. Birthplace Balto. Co., Md.	Date of op.
16. Informant Mr. George S. Waterson	Autopsy results.
Address Lutherville, R.F.D., Md.	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically.
Burial Bote thereaf Feb. 11.1945	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Bate thereof Feb. 11, 1945 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Carroll Chapel	Where did injury occur? (City or town) (County) (State)
Location Lutherville R.F.D., Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director fundamental director fundament	Means of tnjury Injured at work?
Address Sparles Med.	James at the March.
19. Feb. 10 145 Wilmer C. Ensor Registrar)	23. SIGNATURE AUGUST M. B. of Other  Address Pilewille S. M. Date signed 259 45

CENTRE CATE OF BEATH

RECUEVED NAS 6 1945 BUREAU V.F.

PLEASE

A15 NS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

014218

CERTIFICAT	TE OF DEATH Reg. Dist. No. 49
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mether)
City or towa Fort Howard, Md.  (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore Baltimore
How long in above place of death? Z. days.  Hospital, institution, or street address where death occurred:  Veterens Administration	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 2117 Sinclair Lane
How tong in hospital or institution? 7 days	(If rural, give LOCATION)  Vorld Var 1
3. (a) FULL NAME	3. (b) Social Security Number
Emil John FRANZ	212-10-8346
4. Sez 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Febuary 4 19 45 3:0 Op
6.(6) Name of husband or wife Charlotte M. Franz  6.(c) It alive, give age years  7. Birth date of Day 2000	2t. I CERTIFY that death occurred on the date above stated; that I ettended deceased from January 29  19. 45, to February 4  19. 45  and that I fast saw h. im alive on February 4
deceased (mo., day, yr.) Dec. 30, 1892	
8. AGE: Years Months Days I filess than one day	Inmediate cause of death Rheumatic heart DURATION disease with
52 1 5hrsmin.	
9. Birthplace Ealtimore Maryland (Town, county, end state)	Oue to mitral regurgitation and stenosis myocardial
to. Usual occupation. Accountant	Due to insufficiency Class V
11. Industry or business Tongue, Brooks & Zimmerman	
12. Name	Other conditions
14. Molden name gugusta Frank  15. Buthplace Doftime Md.	(Include pregnancy within 8 months of death)
5 15 Birtholas Baltimore Ma.	Major findings of operations.
16. Informati Clinical Records	Autopsy results. None
Vets. Almin. Fort Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
t7 Eurial Date thereot 2-7-45 (Burial, cremation, or removal, Which?) (month) (day) (yeer)	22. VIOLENCE: It death was due to external ceuses, fill le the following:
(Burial, cremation, or removal, Which?) (month) (day) (yeor)  Cemetery or crematory, St. Johns Luthern.	Accident, suicide, or homicide
Howard County	(City or town) (County) (State)
	Injured at home, tarm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director Henry Sander & Sons, Inc.  Address North Avenue & Broadway	
Address North Avenue & Broadway	23. SIGNATURE C. S, KENNEY, M.D. CLANICAL DERECTOR
19	C. S. KENNEY, M.D. CLANICAL DERECTOR Address Fort Howard, Md. Date signed

Rue 19/45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /34.

CERTIFICA	ΓΕ OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants prie residence of mother)
City or town Towson, 4, Maryland (If outside city or pwg limits, write RURAL and give nearest town)	State Manual County County
How long in above place of death? Suite Man 11, 1943. Hospital, institution, or street address where death occurred:	City or town(If outside city or town limits, write RUPAL and give nearest town)
Eudowood Sanatorium, Towson, 4, Md.	Street No. (If rural, give LOCATION)
How tong in hospital or institution? Suice Jan 11, 1943	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION
Female White married	20. DATE OF DEATH FLANLING 7 1945 at FOO @
6.(b) Name of husband or wife Muchael Jaseph & away	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (c) If alive give age 36 years	PARCO 1943, 10 7 1945
7. Birth date of deceased (mo., day, yr.) Feb 27, 1908	and that I tast saw had alive on 1945
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
36 //hrsmin.	Pulman and Tukulalasis about
9. Birthplace Delling MA (Town, county, any state)	Due to
10. Usual occupation Clerk + Mansumaso	0 24 -1
	Due to.
11. Industry or business	Other conditions Disputes Muletus apart
13. Birthplace Ballinere nek	INCLOSA
14. Maideo vam Par Perica Roung 15. Birthplace Saltunary Mid	(Include pregnancy within 3 months of death)  Major findings of operations.
	Date of op.
Personal History, Hospital reco	Autopsy results
Address Eudowood Sanatorium, Towson, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Barrio alintus	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burlal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Balticufore	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
16. Funeral director Celerich Ferminal House	Means of Injury Injured at work?
Address 2004-8- Osleago et.	Da SPATURE William G Bridges
19. (Date rec'd ly registrar) Registrar	Towson, 4 Maryland M.D. of 7-43

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-elearly and legibly. PLEASE VS A15

MARGIN RESERVED FOR BINDING

01423

# CERTIFICATE OF DEATH

Reg. Dist.	No. 44
------------	--------

1. PLACE OF DEATH: B. Olimina	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in fants give residence of mother)
County	1 / /
City or 10wa	State County County
	City or town
How long to above place of death?	169 18000000000000000000000000000000000000
nospital, institution, of affect address where desta	(If rurai, give LOCATION)
	2.(a) It veteran, name war
How long in hospital or institution?	3. (b) Social Security Number
3. (a) FULL NAME 900	100
JOHN MI. GRAY	219-03-4699
4. Sax 5. Color or race (S.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
m. W. Same.	20. BATE OF DEATH TWO, O = 19. 4 m. of JP 9 m
Ruth May Gray	21. I CERTIFY that death occurred on the date above stated; that I stiended deceased from
8,(b) Name of husband or wife.	19
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Nec 14/1892	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	fragues cul- ans.
52 / 2/hrsmin.	Fractive lift sibs. "
Germantain ned	fraturally flower.
9. Birthplace	DUE 10. And Andrews Williams
10. Usual occupation Carpenter	
Bettleling Meel les	Due to
11. industry or business of entire the control of t	
12. Name Lewis O. Gray  13. Birthplace London Co Va	Other conditions
13. Birthplace Xoudon Co Va	(Include pregnancy within 3 months of death)
14. Maiden name Maria C. Bough	Major findings of operations.
(Vinginia) V.	Major natings of Operations
15. Birthplace Mustbe May May	
16. informanf	Autopsy results
Address 421 Larraide and	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bureal Date thereof Febry 12/1940	Accident, suicide, or homicide
(Burial, cremstion, or removal, Which (month) (day) (year)	
Cemetery or crematory Sonauce	Where did injury occur?
Robodlam His	Injured at home, fame, industry, gublic place (where?)
Location A Charles	Mesns of Injury Tell from Sky Injured et work? Mes
18. Funeral director. A Many Manual M	1000 d 0 - 12 C
Address 4 204 Rodgewood Che	23, SIGNATURE
2/12 165 H. W. Heave	And deliver Med VIIII
(Data registrar)	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

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1	141	1
1	-	-

#### MARYLAND STATE DEPARTMENT OF HEALTH BU

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 182

# Bureau of Vital Statistics, Baltimore CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH ()1424	18
1. PLACE OF DEATH:  (a) County (If outside city or town limits, write RURAL and give town)  (b) City or town (If outside city or town limits, write RURAL and give town)  (c) Street address, hospital, or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in this community (yrs., mos., or days)	2. HOME (USUAL RESIDENCE) OF DECEASED:  (a) State (b) County (c) City or town (If outside city or town limits, write RURAL and give town)  (d) Street No. (If rural give location)  (e) If foreign born, how long in U. S. A.? years	1 × 8
3 (a) FULL NAME Stella Marce 51 3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
No.  4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	20. Date of death 12. 1945, at 21.1 certify that death occurred on the date above stated; that I attended deceased from 1945, to 1945, to 1945.	
6. (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) 2 /5, /902  8. AGE: Years   Months   Days   If less than one day	Inmediate cause of Jeth the Journation Duration	290
9. Birthplace(Town, county, and state)	Dubasculas Diseas	
10. Usual occupation  11. Industry or business touce fee per  12. Name Very Dealer  13. Birthplace	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autonomy  Of autonomy  Underline to cause to when the death should death should charged static	the iich i be
14. Maiden Name Manue Sond 15. Birthplace mg  16 (a) Informant Mrs. Anne Gregg  (b) Address & Manue Gregg	Of autopsycally.  22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide	=
(b) Paddress See (17 18 47 (Buriel, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Alexander (18 18 47 (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place)	
18 (a) Funeral director the whenger from (b) Address Serger 19 (a) 2/17/45 (fuella forward Registrar)	(e) Many of injury  22 Sign of M. D. or other  Address Address Address Date signed 2/17/9	5.



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30%)

### CERTIFICATE OF DEATH

01425 og. Diat. No. .....

1. PLACE C	F DEATH	l:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore Fort Howard				***************************************	State. Maryland county Palaimore		
City or town			mits, write R	URAL and give nearest town)	Dollimana		
					City or iown. DELI CIMOTO (If outside city or town limits, write RURAL and give nea	rest town)	
Hospital, Institu	ition, or stre-	et address where	death occurred	:	Street No. 24 N. Spring St.		
Vets.	idm. I'	acility.	Ft. H	loward, Maryland	(If rural, give LOCATION)		
How long to bo	enitat or test	itution? 19 F	lrs.		2.(a) tf veteran, name war	V	
3. (a) FULL							
3. (a) rull					3. (b) Social Security	Number	
		TILLIAM C	RINNEL	Д	217-03-7033	7	
4. Sex	S.	Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mal	e	Negro	Si	ngle	20. DATE OF DEATH	nt 7.004 .m	
					21. I CERTIFY that death occurred on the date above stated; that t attended dece		
				***************************************			
***************************************	************			c) if alive, give agoyears	February 21, 1945 to February		
7. Birth date of deceased (m	a day we )	10-20	-94		and that I fast saw h. im. alive on February 22,		
8. AGE:	Years	1 Months	Bays	If less than one day	Immediate cause of death		
o. AGE:	50	4		hrs, min.	Hemorrhage	Sudden	
		1 -			Seete Ruptured Aorta	Unknown	
8. Birthplace.		(Town,	county, and	state)			
				,	A 7		
		nos que que proposa que junto a para a para el fil a a	\dolumber = 0.0000000000000000000000000000000000	ppg	Due to Aneurysm, saccular		
11. Industry or					Syphilitic aortitis		
里 12. Name.	Ja.ie.	s Grinne	11	***************************************	Dther conditions		
13. Birthpi	aco 1[9.1	ryland			(Include pregnancy within 3 months of death)		
8	T :	it ie Ri	800				
100			W. M. W		Major findings of operations		
15. Birthp	lace IIII	aryland			Date of op.		
16. Informant	Clini	cal Reco	rds. V	ets. Adm. Facility	Autopsy results		
Address		ort Howa			PHYSICIAN: Please nuderline the cause to which death should be charged	statistically.	
					22. VIOLENCE: If death was due to external causes, fill in the following:		
17	rial	nomousl Whish?)	Date then	eot	Accident, suicide, or homicide	*************************	
17. Burial Bate thereof (month) (day) (year)			Where did injury occut?				
Cometery or crematory Baltimore National Cemetery							
Baltimore, Maryland			ore, Ma	ryland	tejured at home, farm, industry, public place (where?)	***************************************	
18. Funeral director. A. Lee Oder			Oder		Means of Injury Injured at work?	020	
18. Funerat di	rector					H.O.P.	
Address		4644 Yo	ork Ros	ad., Balto., Md.	as constitute of the ender		
	-1	1 166	G	111 ble driet	23. SIGNATURE. M. D. CLINIC M. D.		
19. (Date rec'd by registrar) Registrar			9	Registrar	Address Fort Howard, Maryland Date signed.	2-22-45	

Re 2/26/45

MARGIN RESERVED FOR BINDING

VS A15

#### CERTIFICATE OF DEATH

2411 N. Char	rles St., Baltimore (42)
CERTIFICA	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH:  County  City or town.  (If outside city of town limits, write RURAL and give nearest town)  How long in above piace of death.  Hospital, institution, or street address where theath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No
3. (a) FULL NAME Olice Hahn	3. (b) Social Security Number
4. Sex ( 5. Color or racs 6.(a) Single, married, widowed, or divorced  Heresele White Here's March 1.	MEDICAL CERTIFICATION  20. DATE OF DEATH. JO 19 45, 31.3 - 1
8.(b) Name of husband or hite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 4.3. to 19.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  18. 4.3. to 19.  18. 5. to 19.
8. AGE: Years Months Days If less than one day  4 27	DURATION  Oue to
(Town, county, and state)  10. Usual occupation	Oue to
12. Hame 13 Motthais  13. Birthplace Carroll County Sand	Other conditions.
14. Maiden name Missa Fresh.  15. Birthplace Carroll County Ind.	(Include pregnancy within 3 months of death)  Major findings of operations
Address Magnes Home Colegealle	Antopsy results
(Burial, cremation, or removal, Which)  Cemetery or crematory  Company	Accident, suicide, or homicide
18. Funeral director Services Address 15 12	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
Feb. 13 45 Wilmer C. Ensor Registrar)	23. SIGNATURE SALES M. D. or other  Address 2 4 2 4 Sustain place Date signed 2100



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CLEATIFICATE OF DEDICATE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

#### CERTIFICATE OF DEATH

	Reg. Dist. 140
1. PLACE OF DEATH  County  City or town. School (If outside elty or jown limits, write RURAL and give nearest town)  ce of death?  r street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Many Claud County Bully County  City or town Deligher State RURAL and give nearest town)
	Street No
Ho liai or institution?	2.(a) If yeleran, name war
Ella H. K. Hale	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H W manued	20. DATE OF DEATH. 7-ct. 19 19 45 at 6 55 p
8.(b) Name of husband or wife Justicea 1 Hall	21. I CERTIFY that death occuped on the above stated; that I attended deceased from
	1844, to 7-1-19 1948
7. Sirth date of deceased (mo., day, yr.) Sept 7-1869	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION  Cours any Thereto is day
/3   3   / L  hrs,min.	-
9. Sirthplaca. (Fown, county, and state)	Due to Augustinaire
10. Usual occupation Stuf	July Carenac
11. Industry or business	Due to
	Diher conditions
12. Name James Rogers 13. Birthplace manyland	
14. Maiden name Elizabeth Coll Marshare Marshare	(Include pregnancy within 3 months of death)  Major fludings of operations.
2 15. Birthplace Maryland	- Date of op.
16. Informant Mo Justilea / Hall	Autopsy results
Address Millers, Mdi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, eremation, or removal, Which?)  Date thereof (Heb 2014)  (month) (day) (rear)	22. VICLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Beckleysville	Where did injury occur?
location Bulto es. md	Injured at home, farm, industry, public place (where?)
9 Sina d & Stipla.	Means of Injury Injured at work?
18. Funeral director Accumpate Mid	23 SIGNATURE Maurice C. Portuficio
19. 74.20 19.45 C. E. Forskla M. W. (Date ree'd by registrar)	damentene med M. D. or other



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important.

#### MARYLAND STATE DEPARTMENT OF HEALTH

01199

	2411 N. Charles St., Baltimore 052
CER	RTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	Street No. 569 No. MONROE 57  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
4. Set   5. Color or race   6.(a) Single, married, widowed,	
Female White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH February 13, 19 45, at 1/ A
6.(b) Name of husband or wife. Samuel H. Hall  7. Birth dale of deceased (mo., day, yr.) SEPT. 26, 1876  8. AGE: Years Months Days If less than one hrs.  9. Birthplace. Wilmington Delaware	day  and that Clast saw h. LA. alive oe
10. Usual occopation Rouselland (Town, county, and state)  11. Industry or business	
E 12. Name	Dither conditions Issueralized arterior selection
14. Malden name MARGARET ANN MORRIS  15. Birthplace  DELAWARE	Major findings of operations
16. Informant MASA ELIZABETH MC GRAME  Address 1876 MARSHAL RD. DUNA  17. Removal (Burlal, cremation, or removal, Which?)  Date thereof. Feb. 1 (month)	PHYSICIAN: Please underline the cause in which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:

Riverview Cemelery or crematory .... Wilmington, Delaware 18. Funeral director. Wm. J. Tickner & Sons. Inc.

(Date pec'd by registrar)

North & Pa. Aves. Baltog Md.

Injured at home, farm, Industry, public place (where?) ...

Where did injury occur? ......

Means of Injury

(Connty)

injured at work?

(City or town)

TO THE THE PROPERTY OF THE STATE OF THE STAT

MAR 6 1945 BUREAU V.E.

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The Annual Control of the Control of

#### MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 932

(11421)

CERTI		TOTA	PROPERTY.
	PIL VI		
		1 / 1 / 1 / 1	

1. PLACE OF DEATH: A Clinial	2. HOME (USUAL RESIDENCE) OF DECEASED:		
(a) C . (a) a even or	The last of the second		
(b) City or town Scanfel or Park	(a) State (b) County (c)		
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town (If outside city or town limits, write RURAL and	give town)	
	(d) Street No. Myddle Kull 20	7.	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	-J	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years	
3 (g) FULL NAME Jarrington			
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	1-1	
No.	20. Date of death 7 16 23 1945, at 1	/_ A_M	
4. Sex 5. Color or race 6 (a) Single, married, widgwed, or	21. I certify that death occurred on the date above stated; t		
M W. divorced. Warned	ed deceased from 1 1945, to Feb 23	19.45	
6 (b) Name of husband or wife Coung / Karrytove	and that I last saw him alive on Felt 23 19 45		
6. (c) If alive, give age 5-3 years	Immediate cause of death Soconary	Duration	
7. Birth date of deceased (mo., day, yr.) Dec 23 1875	- Thursdorses:	Sudden	
8. AGE: Years   Months   Days   If less than one day	Due to Sterio - Selesofer - Cardis -		
69 2hrmin.	- Vaseulus disease.		
9. Birthplace California	Due to		
(Town, county, and state)	Other conditions		
10. Usual occupation Structured dron Works	(Include pregnancy within 3 months of death)	PHYSICIAN	
11. Industry or business	Major findings:	Underline the	
12. Name then darweter  13. Birthplace / Can't removed		cause to which	
		death should be charged statisti-	
14. Maiden Name A of Ruous	Of autopsy	cally.	
15. Birthplace Work/enous	22. If death was due to external causes, fill in the following	ng:	
16 (a) Informant Cerna/Varrengtor a	(a) Accident, suicide, or homicide		
(b) Address	(b) Date of occurrence		
M . O M . O XI E.	(City or town) (County)	(State)	
(Burial, cremation, or removal) ( (month) (day) (year)	(d) Did injury occur about home, on farm, industrial place	ce, in public	
(c) Cemetery or crematory Hally Radequer	place?While at work?		
Location Jack M. G.	(Specify type of place)		
18 (a) Funeral director the authority of the Allies	16. W Russia 1.		
(b) Address 100 ft of health of	23. Signature Lo M. Saumgardue	AL	
19 (a) (batgree'd by registrar) Registrar	Address Bult 6 Mil Date signed	7/. 2/	

Rec 11.6.5.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore @D

0143144 Reg. Dist. No.

age	of	deceased	is	shown	on	2411 N. Charles St., Baltimor	· 928
		091			. 4	CERTIFICATE OF DI	EATH

2. USUAL RESIDENCE (HOME (For newborn infants givo residence State		
City or lown. Woodstock (If ontside city or town i	imits, write RURAL and give near	est town)
Street No. Woodstock, V		*************
	give LOCATION)	V
2.(a) 11 veteran, name war		
	3. (b) Social Security N	umber
MEDICAL	CERTIFICATION	
		7 404
20. DATE OF DEATH Feb. 16,		
21. I CERTIFY that death occurred on the dat		
January 23,		
and that I tast saw h.i.mallve on E	ebruary 16,	18.4.5
Immediate cause of death DISEASE	OF THE HEART	DURATION
Coronary Arterioscl	erosis, Cardiac.	1 Mont
Enlorgement, mitral		
pur (Relative) Myoca	The state of the s	_
Myocardial Insuffic		
Due to		
	,	
Other conditions		
	The second second	
(Include prognancy with		
Major findings of operations	) \$	
	Date of op	
Antopsy resultsnone		************
PHYSICIAN: Please underline the cause	to which death should be charged s	intistically.
22. VIOLENCE: t1 death was due to exteros	al causes, 1111 in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or to		
	:e (where?)	
Injured at home, farm, industry, public plac Means of injury	Injured at work?	

1. PLACE OF DEATH:

Evidence for change of

Fort Howard (If osteldo city or towo limits, write RURAL and give nearest town)

How tong in above place of death? 23 Dears Hospital, institution, or street address where death occurred: Vets. Adm. Fac. Ft. Howard, Maryland

How long to hospital or institution? ..... 23. Days.

3. (a) FULL NAME

4. Sez

WALTON HASLETT

6.(a) Single, married, widowed, or divorced

White Single Male

6.(b) Name of husband or wife. Single

7. Birth date of 9-13-92 deceased (mo., day, yr.)

Illess than one day Months Bays 8. AGE: 52 -57 ... hrs.

9. Sirthplace Butler. (Town, county, and atate)

10. Usual occupation Unemployed

11. industry or husiness 12. Hame...... 13. Birthplace Charles Haslett

Butler. Pa.

14. Malden name Alice Walton

Virginia 15. Birthplace

18. toformant Clinical Records, Vets. Adm. Facili

Fort Howard, Maryland Address

17 Bureal (Borial, cremation, or removal, Which?)

Date thereof 2 - /9 - 45 - (month) (day) (year)

Cemetery or cremator

(Date rec'd by

TOWARG, Japuland Date signed Dul-Gud-S

Rec. J. U. S.

MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

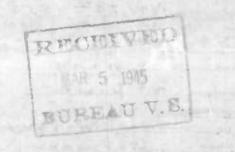
## CERTIFICATE OF DEATH

(14353 Reg. Dist. No.

S. Birthplace  (Town. county, and state)  10. Usual occupation  11. Industry or husiness    12. Name	. 274.62.62		
Clity or form.  Street aldean, hospital or finit. (jrs., or men., or days)  Stay in hospital or men. (jrs., or men., or days)  Stay in hospital or finit. (jrs., or men., or days)  Stay in hospital or finit. (jrs., or men., or days)  Stay in hospital or finit. (jrs., or men., or days)  Stay in hospital or finit. (jrs., or men., or days)  Stay in hos			1
Street affects beginned by or form limits, write RURAL NEAR and give form)  Steet affects beginned in the first or, or mos, or days)  3. (a) FULL NAME  4. Set  5. Dolor or race  6. (a) Single, married, wlowed, or diversed  4. Set  5. Dolor or race  6. (a) Single, married, wlowed, or diversed  6. (b) Name of husband or wife  7. Littin date of decased (m., day, yr.)  8. AGE: Vear Monthed  9. Birthplace  11. Industry or haptenese  12. Rame  13. Birthplace  14. Marien name  15. Birthplace  16. Informati  17. Charter, command, which in the following:  18. Informati  19. Birthplace  19. Marien, common, or removed, Whichir)  19. Date thereof  19. Date thereof  19. Date thereof  19. Charter, valide, or homelide.  19. Violence, or common, or removed, Whichir)  19. Birthplace  19. Lindows operation  19. Date thereof  19. Date thereof  19. Date thereof  19. Charter, valide, or homelide.  19. Violence, it death was due to external causes, fill in the following:  19. Accident, valide, or homelide.  19. Violence, it death was due to external causes, fill in the following:  19. Accident, valide, or homelide.  19. Where did lajor occur?  19. Country  19. Count	County	NAA.	+0
Street address, heaptile or institution.  Stay in hospital or institution.  Stay in this community (yra, or mos, or days).  Stay in this community, and stay in this day or days (yra).  Stay in this community (yra, or this community).  Stay in this comm		StateCountyCounty	1.0
Styre in hospital or inst. (rrs., or mos., or days)  Styr in this community (yrs., or mos., or days)  3. (a) FULL NAME  4. Sex  5. Color or race  6. (b) Name of husband or wife  6. (b) Name of husband or wife  7. Birth data or deceased (mo., day, yr.)  8. AGE: Years Monthed  9. Birthplace  10. Usual occupation  11. Industry or hysiness  12. Name AM  13. Birthplace  14. Maiden name  15. Birthplace  16. Informat  17. Birth data or deceased (mo., day, yr.)  18. Birthplace  19.		City or town	Ward No
Stay in his community (yrs, or mos, or days)  3. (a) FULL NAME  4. Sex  5. Dolor or race  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  20. ONE OF DEATH  21. I CERTIF, that deals be occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.)  Address  6. (b) Haller of days that is a seried of deceased (mo., day, yr.)  Birthplace  Address  10. Busin focus of destable of death of death or deceased (mo., day, yr.)  Cemetery or crematery  11. Industry or huniness  12. Name  13. Handen name  14. Madden name  15. Enformant  16. Informant  16. Informant  17. Count, or removed, Whichit)  18. Funeral director  Maddress  20. SISBATURE  21. O'S BURNATURE  22. SISBATURE  22. SISBATURE  23. SISBATURE  24. O'S BURNATURE  25. Dolor or race  6. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  26. O'S CERTIF, that dead be obtained deceased from date and the date above stated; that I state with a last saw wit	4116 Northern TAY	III II Alaysia bows	PKV
3. (a) FULL NAME  3. (b) Name of husband or wife  4. Set St. Color or race  5. Color or race  6. (a) Single, married, widowed, or diversed  MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I DERTIFY, that death concurred on the date above styled; that I attended deceased from the date above styled; that I attended deceased the deceased from the datender above styled; that I attended deceased from the d	Stay in hospital or inst. (yrs., or mos., or days)		4-17
4. Set   5. Color of race   6. (a) Single, married, wildowed, or divorced   MEDICAL CERTIFICATION    20. OATE OF DEATH   20. O			
4. Set S. Color or race 6.(a) Single. married, wildowed, or divorced MEDICAL CERTIFICATION  20. OATE OF DEATH  20. OATE OF DEATH  21. I DERTIFY, that death accours do nihe date above stated; that I attended deceased from the date above stated attended to the date above stated attended attended to the date above stated attended to the date ab	3. (a) FULL NAME	2 /5 \ \$- :-1 \ \$- :-1	NL.
6 (b) Name of husband or wife  20. OATE OF DEATH  21. I DERTIFY, that death occurred on the date above stated; that I attended deceased from the deceased from the date above stated; that I attended deceased from the deceased from the date above stated; that I attended deceased from the deceased from the date above stated; that I attended at the date above stated; that I attended above stated; that I attended above stated; that I attended above stated;	Ivaka F	S. (0) Social Security	Mumber
6 (b) Name of husband or wife  9 00  1. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)  1. Birth date of deceased (mo., day, yr.)  2. Birthplace  1. Birth date of deceased (mo., day, yr.)  2. Birthplace  1. Birthplace  2. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide  2. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide  2. Where did injury occur?  (City or town) (County) (State) injured at work?  1. Beans of injury  1. Birthplace  2. SioNature  2. SioNature  2. SioNature	1 Ser Loa	ora Hienew	
6 (b) Name of husband or wife  6 (c) If alive, give age  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Oays If less than one day  9. Birthplace  10. Usual occupation  11. Industry or husiness  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. Cemetery or cremoval, Which?)  18. Funeral director  Cemetery or cremoval, Which?)  18. Funeral director  18. Funeral director  Address  20. Siewhylace  21. I CENTIFY, that deals occurred on the date above stated; that I attended deceased from 19. The state of the case of death of the case of the case of death of the case of death of the case of th	5. Color of race 0.(a) Single, married, wildow gu, or diverced	MEDICAL CERTIFICATION	
6 (c) Name of husband or wife  6 (c) If alive, give age  7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation  11. Industry or typinace  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. County, und state)  18. Funeral director  19. June 1	M. Widowso	20. DATE OF DEATH	5 at 1.0 M
T. Birth date of deceased (mon, day, yr.)  8. AGE: Years   Months   Oays   If less then one day   Immediate cause of death   Imme	6 (b) Name of husband or wife Samue		
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Oays If less than one day  9. Birthplace (IV.ym., county, and staty)  10. Usual occupation  11. Industry or business  12. Name  14. Maiden name  15. Birthplace  16. Informant  Address  17. Cemelery or crematory  18. Eueral director  Address  18. Fueral director  Address  20. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury injured at home, farm, Industry, public place (where?)  Means of Injury injured at work?		1 -1 10 11 - 7 11	4.5
Birthplace		- 1	445
9. Birthplace (Town, county, and state) 10. Usual occupation Oue to Other conditions 11. Industry or business 12. Name Oue to Other conditions 13. Birthplace (Include pregnancy within 8 months of death) 15. Birthplace (Include pregnancy within 8 months of death) 16. Informant Output Office (Include pregnancy within 8 months of death) 17. (Burial, cremation, or removal, Which?) 18. Funeral director Output		Ca - 6 - 0	
9. Birthplace (Town, county, and state) 10. Usual occupation (Include pregnancy within 8 months of death) 11. Industry or business 12. Name (Include pregnancy within 8 months of death) 13. Birthplace 14. Maiden name (Include pregnancy within 8 months of death) 15. Birthplace 16. Informant (Include pregnancy within 8 months of death) 17. (Eurisi, cremation, or removal. Which?) 18. Funeral director (City or town) (County) (State) 19. Maior findings: 22. VIOLENCE: If death was due to external causes, fill in the following: 22. Accident, suicide, or homicide (City or town) (County) (State) 18. Funeral director (City or town) (County) (State) 19. Maior findings: 22. VIOLENCE: If death was due to external causes, fill in the following: 22. Accident, suicide, or homicide (City or town) (County) (State) 19. Injured at home, farm, industry, public place (where?) 19. Means of injury injured at work?  23. SIGNATURE (MARC)	8. AGE: Years   Months   Oays   If less than one day	Immediate cause of death	DURATION
9. Birthplace (Thyrn, county, and state) 10. Usual occupation (Thyrn, county, and state) 11. Industry or hysiness 12. Name (Include pregnancy within 8 months of death) 13. Birthplace (Include pregnancy within 8 months of death) 14. Major findings: 15. Birthplace (Include pregnancy within 8 months of death) 16. Informant (Burial, cremation, or removal, Which?) 17. (Burial, cremation, or removal, Which?) 18. Funeral director (City or town) (County) (State) 18. Funeral director (City or town) (County) (State) 19. Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	9 18 emples	Homories	1260
10. Usual occupation  11. Industry or husiness  12. Name  Other conditions  Other conditions  Other conditions  (Include pregnancy within 8 months of death)  PHYS  Please  16. Informant  Address  Of operations  Of autopsy  22. VIOLENCE; If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Oate of  Where did injury occur?  (City or town)  (County)  (State)  Injured at work?  M. B. C. Coher  Means of injury  Injured at work?	12-140		
10. Usual occupation  11. Industry or business    12. Name		Oue to there - sterver	The
11. industry or husiness    2	A+ 1-1-100		
12. Name		Oue to	
14. Malden name   15. Birthplace   15. Birthplace   16. informant   17.   18. Eight   18			
14. Malden name   15. Birthplace   15. Birthplace   16. informant   17.   18. Eight   18	12. Name	Other conditions	
16. informant  Address  Of autopsy  Of autopsy  Of autopsy  Of autopsy  Of autopsy  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Oate of  Where did injury occur?  (City or town)  (County)  (State)  Injured at work?  Means of injury  On autopsy  23. SIGNATURE  M. P. or other.			
16. informant death sho charged s cally.  17.	14. Maiden name Sarah Mahh		PHYSICIAN
16. informant  Address  Of autopsy  Of autopsy  Ot autopsy  Ot autopsy  Ot autopsy  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Oate of  Where did injury occur?  (City or town)  (County)  (State)  Injured at work?  Means of injury  Injured at work?	15. Rirthniace		Please underlin
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Address  17. (Burlail, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Date thereof (month) (day) (year)  Date thereof (month) (day) (year)  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  M. P. or other.	16, informant		charged statisti-
Date thereof (month) (day) (year)  Cemetery or crematory (City or town)  Location Injured at home, farm, industry, public place (where?)  Means of injury  Means of injury  23. SIGNATURE  M. P. or other	Address 4 6 Northern Ex	Ut autopsy	
Cemetery or crematory.  Location County Coun	17 Boxial Pate thereof 2 20,45	22. VIOLENCE: If death was due to external causes, fill in the following:	
Location — City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  Address 23. Signature 23. Signature M. P. or other.		Accident, sulcide, or homicide	
Injured at home, tarm, Industry, public place (where?)  18. Funeral director  Address  Address  23. SIGNATURE  M. D. or other	Cemetery or crematory 139 75	Where did injury occur?	
18. Funeral director—Marken Mc Dugosa Means of Injury Injured at work?  Address 210 Belain Rd 23. SIGNATURE 23. SIGNATURE	Landon East North Ave		(State)
Address 200 Belair Rd 23. SIGNATURE 23. SIGNATURE M. D. OF OTHER	Lucation Charles Transfer		
23. SIGNATURE M. D. or other	18. Funeral director— IN allem 17 6. No call	means of injury Injured at work?	
M.D. or other	Address 7110 Below Rd	next 4 Files le	1
M. D. or other	2/20 45 0.6/00 0		onother
(Date rec'd by registrar) Registrar	19. (Date rec'd by registrar) Registrar	M. D.	. or other

2318 Eutan Place

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93 d CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The conformation of leath clearly and legibly. (For newborn infunts give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address whore death occurred: 501 7100 501/ers (If rural, givo LOCATION) How long in hospital or institution?..... 2.(a) If vetoran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes White Widowed 6.(b) Name of husband or wife MaxC. Hildesheim 7. Birth date of deceased (mo., day, yr.) Nov. 20 th DURATION Supply If less than one day Months Days 8. AGE: Physicians: please 88 (Town, county, and state ADING 18. Usual occupation 11. industry or business Weigelt important. Germany 13. Birthplaco (Include pregnancy within 3 months of death) 14. Malden na 15. Birthptaco 14. Malden name. 16 Intermant Herbert H. Hildesheim s especially PHYSICIAN: Please ouderline the cause to which death sheold he charged statistically Address 7/0050/1245 22. VIOLENCE: If death was due to extornal causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Comotory or crematory Lavraine WRITE (County) tniured at home, tarm, industry, public place (where?) ..... Injured at work? Moans of Injury PLEASE M. D. or othor Registrar



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-7

# CERTIFICATE OF DEATH

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Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town (If outside city or town How long in above place of death?.... write RURAL and give pearent town Hospital, institution, or street address where death occurred: rai give LOCATION) How long in hospital or institution?... 2.(a) If veteran, namo war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION M. 21. I CERTIFY that death occurred on the date above stated: 7 Rirth date of deceased (mo., day, yr.) **DURATION** 8 AGE-Years Months If less than one day 9. Birthplace..... (Town County, and state) 10. Usual occupation..... 1t. Industry or business 12. Name..... 13. Birthplace (Include breggancy within 3 months of death) 14. Malden oat 14. Malden oame... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which) Where did injury occur? ...... Cemetery or crematory (City or town) Injured at home, farm, Industry, public placo (where?) Means of Injury Address

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information carefully.

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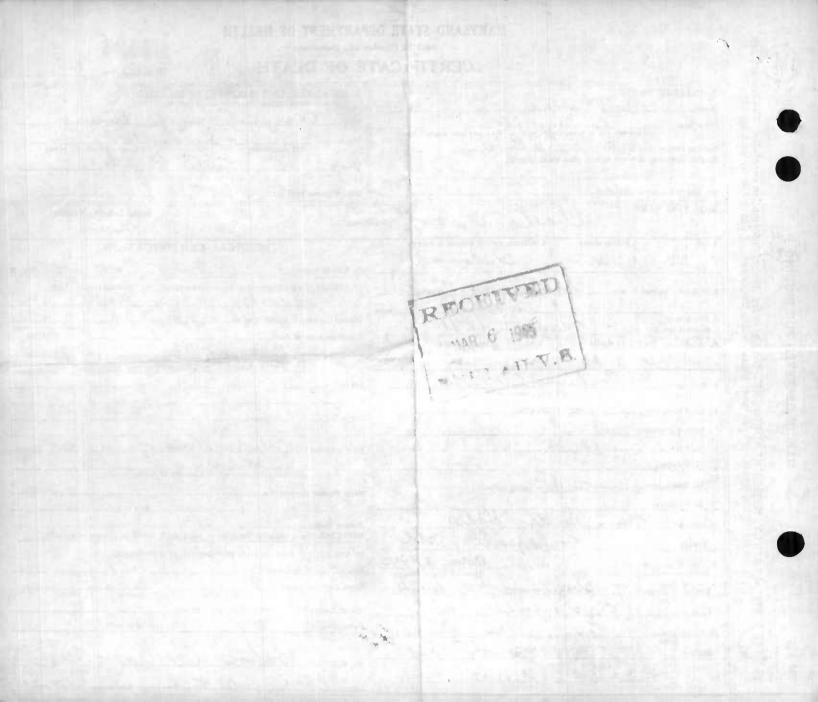
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(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

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Baltimore-28, Md. Date signed 3/13/45

#### CERTIFICATE OF DEATH

			LKITTICA	L OI DEA		Reg. Dist. No	
1. PLACE OF DEATH County	Baltimor Catons vi de city or town li eath? et address where Grove St	lle mits, write RURAL and a year, 1 mont death occurred: ate Hospital	give nearest town) h, 5 days	City or town(If or Street No	ENCE (HOME) OF DI  nfants give residence of mote  yland County  Frederick  ntside city or town limits, wr  117 52 Street  (If rural, give Loc	Frederic	rest town)
3. (a) FULL NAME	Daniel	H. Hoffman			3	3. (b) Social Security 1	Number
4. Sex 5.	White	6.(a)Single, married, wid		20. DATE OF DEATH	MEDICAL CERT		9:40 p
7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years  47  9. Sirthplace	Dece   Months   1   Lingan   (Town, Truck   Truck   Inknown	mber 30, 189  Days   It less the 19	e ageyears 7 an one dayhrsmin.	January and that I last saw h i Immediate cause of d Chron	th occurred on the date above strained in the da	February February titis	18 19 45
13. Birthplace  14. Maiden name  15. Birthplace  16. Intormant	? Hospit	al records		Major findings of ope	none	Date of op	
Cemetery or crematory	sl Spring Spring Spring (	Date thereof	-20-45 nth) (day) (year) a Hospital	22. VIOLENCE: If de Accident, suicide, or h Where did injury occur	ath was due to external causes, omicide	fill in the following;  Date of (County)	(State)

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The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

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APR 2 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)

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	r. othe		
			44
Reg.	Dist.	No.	

### CERTIFICATE OF DEATH

Coooty Bali				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Meryland County Baltimore				
			***************************************					
(If	outside city or town l	imits, write i	URAL and give nearest town)					
How long in above place	of death?	50 Days		City or town	, write RURAL and give ne	earest town)		
	street address where		loward, Maryland	Street No. 808 N. Applet	on St.			
				(If rural, give	LOCATION)			
		JO Days	}	2.(a) If veteran, name war. W.1-I	*************************************			
3. (a) FULL NAM		7 4 00 0			3. (b) Social Security	Number		
4, Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION			
Male	White	1.	larried	20. DATE OF DEATH		at 2 . E ∩ A M		
6.(6) Name of Nusband	// No ray	Weller	e Holland	21. I CERTIFY that death occurred on the date about				
6.(0) Name of Nusband	or wiledinish.y	aa kalla Viisa oba obaa biba ibi	50	December 25, 194				
7. Birth date of	••••••••	6.(4	e) tf alive, give age	and that I last saw him alive on Febr				
deceased (mo., day,	m.) 5-2	22-1887		Immediate cause of death				
8. AGE: Year		Days	If less than one day	Acute Coronary Occlus				
57		1	hrs mio.					
9. Birthplace Pot	ersburg. I	78.	tate)	Due to Disease of the Hea				
				Hypertension, Coronary	Arterioscle	sis		
10. Usual occupation	u.memp.to;	.eo		Oye 16 Cardiac enlargement	, mitrel	****		
11. ladustry or busines				Insufficiency (relative	e)myocardial			
	mas Hollar Petersburg,			Other conditions damage & Myoca				
				Other Cond. Nephroscla local, brachial, radial	rosis Arteri	<u>pscierosis</u>		
Held I			00.000	Major findings of operations.	and temporal	arteries.		
15. Birthptace	Petersburg	, Va.						
16. taformaat	inical Rec	ords.	Vets. Adm. Fac.	Autopsy results.				
	rt Howard,			PHYSICIAN: Please underline the cause to whi	ich death should be charged	statistically.		
Rudicos			L. R. 22 1011C	22. VIOLENCE: If death was due to external caus	es, fill is the following:			
(Burial, cremation	or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of			
Cemetery or cremate	Baltimor	e Nati	onal Cemetery	Where did lajury occur?(City or town)	(Comp. 642)	(04-4-)		
			yland	Injured at home, farm, industry, public place (where?)				
						***************************************		
18. Funeral director	Wma Cook	Inca		Means of injury	lajured at work?			
Address a	St. Paul	& Pre	ston. Balto. Md.	i - K -				
10 2/2	4 ,45		Flo- Reduct	23. SIGNATURE C. S. KENNEY, M.	D. CLINICAM. D	or other TOR		
(Date rec i by re	gistrar)		Registrar	Address Fort Howard, Ma	TYLAND Date signed	2-23-45		

RECEIVED
2/24/45
BUREAU V.S.

1/2/4/

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 137 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: thenezer Lenezer (If rurai, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 214-16-8369 MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Male Married 8. (b) Name of husband or wife Amanda Holtzner 7. Birth date of Jan. 27th deceased (mo., day, yr.) Supply DURATION 8. AGE: If less than one day 65 Town, county, and state arbenter ADING 11. Industry or bustness 12. Name Frant Holtzner important. (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 14. Maiden name Mary Batchler Major findings of operations. 18. Informant Amanda Holtzner especially WRITE PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Cemetery or crematory Fox Mathodist Where did injury occur? ...... (City or town) (County) injured at home, farm, industry, public place (where?) .... Injured at work? Means of Injury (Date rec'd by registrar)

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Balleur	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Od Lase de OUE	
(If ontside city or town limits, write RURAL and give nearest town)	Ba Da
How long in above place of death? L 3 20 6 200 3 days	(If outside city or town-limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1908 Welkins AVE
How long in hospital or Institution? 7 7 6 mon 3 days	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Daniel Hory	HOY 3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The meste	2D. DATE DE DEATH TElevisor 10 19 45 1 120
AAN W	21. I CERTIFY that death occurred on the date above stated; that I attended deceaned from
6.(b) Name of husband or wife	august 1 1842 10 T-Eb 10 1845
7. Birth date of B.(c) If alive, give age years deceased (mo day yr)	and that I det saw h. were alive on The breezes 10 19 45
deceased (mo., day, yr.)  8. AGE: Years Months Days   If lens than one day	Immediate cause of death
62 6 27min.	ullionor, d'Edema 24 hos
a Birthologa Mary land	District the second sec
9. Birthplace(Towng codnby, and state)	Due to lingues my reasonal
10. Usual occupation Odel Jobs	Julium 1998
11. Industry or business No-xe	Due to.
# 1 A Track O ROW HOV	
12. Name  13. Birthplace  200  100  100  100  100  100  100  10	Other soud lines
14. Maiden name Winistred Catton	(Include pregnancy/within 8 months of death)
15. Birthplace Incland	Major findings of operations
15. Birthplace	
18. Informant Desta	Autopsy results.
Address Carousvell's "8 Md	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
17 Been Date thereof Feb 13-1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location /Salto City	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Took C. Walter	Meann of Injury Injured at work?
Address Pract & Strickes Sto	1/2 pama INA
NOW UT SUREL.	23. SIGNATURE
19	Address Catoricallo # 28 Massigned 110/ex

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

# CERTIFICATE OF DEATH

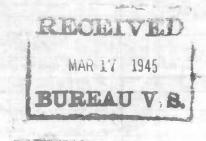
z. Diat. No.

	aveg. Disc. No
1. PLACE OF DEATH: County Baltimae	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Mary Cand County Ballyman
City or fewn	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 240/ Carlan Che Poline.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME & H. O mi	// / Social Security Number
	Juglies 3. (6) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T. Wull Dingle	20. DATE OF DEATH Telegram 28 19 45 at 10 AM
(A) News of bushed as wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Sept 12 1044 10 Feb 28 1045
7. Birth data of Section 3 1889	and that I last saw h so alive on Fulgrans 26 19 45
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronam Occlusion.
36 8 23hrs,mi	n.
9. Birthplace Balto . Co md .	Oue to Rheymatic deart Disease 15 yrs
(Tewn, county, and state)	Decomplianted
10. Usual occupation.	Due to
11. Industry or business	
12. Name Celescandle Hughes 13. Birtholace Balto . G. 2nd .	·· Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name anse R Error 15. Birthplace Ballo. G., 2nd.	
E 15 Rirthniace Bolta G 21.	Major findings of operations
2	Date of op.
16. Informant Mussa Musclie Euron	Autopsy results
Address 3401 Eastern live Blod	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Qual Date thereof Mac. 2, 1945	Accident, suicide, or homicide
(Buriai, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Sparly, red	Injured at home, farm, industry, public place (where?)
18. Funeral director Land m. Beroles	Means of Injury Injured at work?
Address Sparly and.	() of (B in Dank)
ha la la la	23. SIGHATURE JOHN Co Jack Mills
19. March 5 18 45 Winson J. Hart.	81 Haster Buso M. D. or other
(Date rec'd by registrar) Registra	Address Oate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly-and

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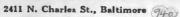
1. PLACE OF DEATH:

PLAINLY, vis especially

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#### MARYLAND STATE DEPARTMENT OF HEALTH



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#### CERTIFICA

TE OF DEATH	Rog. Diat. No. 44
Street No. 501 Don	E) OF DECEASED: nee of mother) County County Timits, write RURAL and give nearest town)
tson.	3. (b) Social Security Number
MEDICAL 20. DATE OF DEATH	L CERTIFICATION  February 1845 at 815

City or town
How long in above place of death?
501 Dorsey and.
How long in hospital or institution?
3.(a) FULL NAME
Marie Elizabeth Hut
4. Sex 5. Color or race 650 Single, married, widowed, or divorced from, Johnte Marriet
8.(6) Name of husband or wife Estat Thomas Hutson
7. Birth date of deceased (mo., day, yr.)  Sept 25/19/1
8. AGE: Years Months Days It less than one day 18min.
9. Birthplace (Town, county, and state)  10. Usual occupation.
11. Industry or business at James
12. Name 2 divin to Rose  13. Birthplace Palternos Mr.
14. Maiden name Alexa Munder  15. Birthplace Baltierne M
16. Informant Elwas J. Hulors
Address 501 Horsey asp, Essee Mi
17. BURIAL Bate thereof FER 10/45 (Burial, eremation, or removal. Which?)  OAK LAWAY
Cemetery or crematory
Location EASTERN AVE. EXT.
18. Funeral director July and Beiler / N.C.

In so Come

and that I last saw halive on	
Immediate cause of death	
Comeny ocolising	Jame
Due to	***************************************
Due to	***************************************
Other conditions	***************************************
(Include pregnancy within 8 months of death)	***************************************
Major findings of operations	******************

HYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date ot ..... Where did Injury occur? .....(City or town) njured at home, farm, Industry, public place (where?) .....

Means of Injury Injured at work?

23. SIGNATUR

Address.

MAR 5 1945 BUREAU V.S.

Di Val. Canteria MARYLAND STATE DEPARTMENT 2411 N. Charles St., Baltimore (46.7) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Balto (For newborn infants give residence of mother) legibl (If outside city or town limits, write RURAL and give nearest town) information carefully, of death clearly and (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred MERREY Office Bellow. (If rural, give LOCATION) New long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number Edward Vohuson 6.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race tem of i MARGIN RESERVED FOR BINDING make 20. DATE OF DEATH. 21. I CERTY Wit death occurred on the date 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) Supply lease wri Days 8. AGE: Years 42 ADING INK.
Physicians: 1 (Town, county, and state) 10. Usual occupation 11. Industry or business Suredan important. 13. Birthplace (Include pregnancy within 8 months of deap Tohnson 14. Malden name 15. Birthplace especially 16. Informant PLEASE WRITE PLAINLY, PHYSICIAN: Please underline the cause to which death should be charged statistically. Balordera Address 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or exematory injured et home, farm, industry, public place (where?) ...... Injured at work? Means of Injury 18. Funeral director Address M. D. or other Date signed. 2 (Date rec'd by registrar)

Kel. 2500 MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 940 correct CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town information carefully of death clearly and (If outside city or town limits, write RURAL and give negrest town) How long in above place of death?.... Hospital institution, or street address where death occurred: (if rural, givo LOCATION) How long la hospital or lastitution?. 2.(a) If veteraa, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 8.(a) Single, married, widowed, or divorces MEDICAL CERTIFICATION causes RESERVED FOR BINDING item of I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Supply lease wr DURATION Moaths Days If less than one day 8. AGE: ADING INK. Physicians: pl 10. Usual occupation MARGIN tt. Industry or business important. 13. Birthplace (Include pregnancy within 8 months of death) especially PLAINLY PHYSICIAN: Please underlino the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where did lajury occur? ...... WRITE (City or town) (State) (County) Injured at home, farm, Industry, public place (where?) ..... injured at work? Means of Injury ASE Registrar Date algned (Date rec'd b

THE STATE OF A THE STATE OF THE Ru 2/15/+5

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

## CERTIFICATE OF DEATH

01443

Reg. Dist. No. 32

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother)		
			State Maryland County Balto.  City or town Chattolanee, Md.  (If outside city or town limits, write RURAL end give cearest town)  Chattolanee Hill		
How long to hospital	l or Institution?		2.(a) If veleran, name war		
3. (a) FULL NA		- C4line I C-	3. (b) Social Security Number 217-03-4779		
		s Sterling Joyce, Sr.		32	
4. Sex	5. Color or race	5.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Married	20. DATE OF DEATH Feb- 27 -	1945	1:25 A.
6.(b) Name of husba	od or wife Sara I	Knapp Joyce	21. I CERTIFY that death occurred on the date about 2 - 24 - 19.	re stated; that 1 atlended deco	ased from
7. Birih date of	Oct3		and that I tast saw h imative on _ Feb.		
deceased (mo., da	ears   Mooths	Days   If less than one day	Immediate cause of death	************************************	DURATION
8. AGE: Ye 59	A A	23hrsmin.	Cerebral Hemorrhage		
9. Birthplace Bethel. Conn. (Town, county, and state)  10. Usual occupation Hatter			Due to Art.erio sclerosi	ls	
11. Industry or busin			990 10		
11. Industry or Business  12. Name Daniel B. Joyce  13. Birthplace Norwalk, Ohio			Other conditions	************************	***************************************
14. Malden name. Linnia Ann Hurlbett  15. Birthplace Bethel, Conn.			(Include pregnancy within 3 m		
E 15. Birthplace	Bethel, Con	nn.	major names		
16. Informant Leroy E. Joyce			Autopsy results		
Address 518 W. Spruce St., York, Pa.			PHYSICIAN: Flease underline the cause to whi	ich death should be charged	statistically.
Burial  (Barial, cremation, or removal, Which?)  (Barial, cremation, or removal, Which?)  Conn. Wooster  Conn. Wooster			22. V10LENCE: If death was due to external caus Accident, suicide, or homicide	Dale of	
Location Danbary, Conn. Reserving Vanct.			(City or town) Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director Frank H. Newell,			Means of Injury	injured at work?	
Address Pikesville, Md.			23. SIGNATURE DO & & /	richal,	2
19. 2 - 27 - 45 Dr.E. E. Nichols (Date rec'd by registrar)  Registrar			Pikasvilla. Md.	M. D.  Bate signed.	or other Feb. 27-45



### MARYLAND STATE DEPARTMENT OF HEALTH

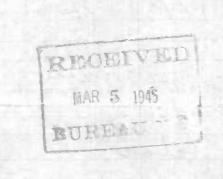
2411 N. Charles St., Baltimore (940)

### CERTIFICATE OF DEATH

01444

		444	
 Dist	Na	777	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State And County Balts
(If outside city or town limits, write RURAL and give nearest town)	Deres de let
How long in above place of death? 205221	City or town
Hoapital, institution or street address where death occurred:	Street No. Sollers Pt. Rd
sollers Pt. R.J.	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war Dr. Richel Melsell Fare
3. (a) FULL NAME Seon ge pratie	3. (b) Social Security Number
4. Sex   5. Color or race   6/4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male cef milioned.	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	
deceased (mo., day, yr.)	and that I last saw halire on
8. AGE: _ Years   Months   Days   It less than one day	Immediate cause of death DURATION
12 X 75	A. C.
A 14 A	Comment of the second
9. Birthplace (Fown, county, and state)	Due to.
() () () () () () () () () () () () () (	
10. Usual occupation.	Due to
11. Industry or bosineas	
12. Name Sunkhaur	Other conditions
13. Birthplace	
	(include pregnancy within 3 months of death)
14. Malden name. Assa. fansown,	Major findings of operations
≥ 1S. Birthplace	Date of on
16. Interment Cahan mesuit	Antonsy results
Addresa Sof Pf. Pr. Deentalh Int	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 30 1. 11. 1 . 10. 10. 10. 10. 10. 10. 10.	22. VIOLENCE; tt death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
of a diesa of	
Cemetery or crematory	Where did injury occur?
Location to keyselle.	Injured at home, tarm, industry, public place (where?)
t8. Funeral director of Honnelly	Means of Injury Injured at work?
Address 41 & Eastern Wer. Essex 2/	Sometimes in 5
2112 16 My - 08	23. SIGNATURE MO SOLOTHER
19. Date ree'd by registrar)  (Date ree'd by registrar)  (Registrar	Deputy Willery Toleres
(Daty rec u by registrar)	Address

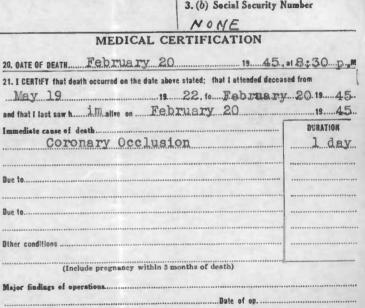


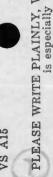
01445

### 2411 N. Charles St., Baltimore 9400 CEDTIFICATE OF DEATH

	Reg. Dist. No.	
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Catonsville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 21 years, 8 months, 29 days  Hospital, instillution, or street address where death occurred:  Spring Grove State Hospital	Street No. 1204 W. Lombard St.	
How long in hospifal or institution? 21 years, 8 months, 29 days	(If rural, give LOCATION) 10 2.(a) If veteran, name war	

3. (a) FULL NAME			
	G.Harr	y Keit	h
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced
male	white	S	ingle
6.(b) Name of husband	or wife no		
			c) If alive, give ageyea
7 Right dafe of	n) March		
8. AGE: Years	Months	Days	If less than one day
75	11	10	hrs. mi
9. Birthplace	Maryland		
	?	Carpe:	
10. Usual occupation			***************************************
11. Industry or busines:	s ED.	& U.	R.R. Retired
当 12. Hame	George Ke	ith	 
当 12. Hame 13. Birthplace	Virgini	a	
14. Malden name.	Mary Ca	lligan	·····
15. Birthplace	Pennsy	lvania	
1B. Informanf	Hospita	l Reco	rds





important.

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on carefully. The c

PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville-28. Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Bafe thereof Feb. 23,1945 Burial
(Burial, cremation, or removal. Which?) Accident, suicide, or homicide..... (month) (day) (year) Loudon Park Where did injury occur? ...... (County) (City or town) injured af home, farm, industry, public place (where?) ..... Infured af work? Means of Injury 23. SIGNATURE. Catonsville 28, Md Bate signed. (Date rec'd by registrar)

PLEASE

VS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

(11446 P

ODICA II TOTI	Reg. Dist. No
1. PLACE OF DEATH:  Gounty  County  City or town  SPATRONS  POINT  (If outside city or fown limits, write RURAL end give nearest town)  Revelops to place of death?  GETHLEHEM SIECE Noseil.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
How long in ebove place of death? DET HEHEM SIEEL Nospil. Hospital, Institution, or street address where death occurred:	City or town BALTIMORE (If outside city or town limits, write RURAL and give nearest town)  Street No. 610 So. WASHINGTON STREET  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Steve M. MROLCZYIC	3. (b) Social Security Number 215-05-9438
4. Sex   5. Color or race   8.(a)Single, married, wildowed, or divorced    MALE   WITTE   SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH 19.45 at 1/3 m
S.(b) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) NOVEMBER 27-1903	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Coway Occlusion 10 mis
9. Birthplace DALTIMORE MG (Town, county, end state)  10. Usual occupation	Due to
11. Industry or busines JARKA CORP. Of BALTO.  12. Name. JOSEPH KROLICZYK  13. Birthplace POLAND	Diher conditions
13. Birthplace POLANG  14. Malden name MARY SYNORACKA  9 15. Birthplace POLANG	(Include pregnancy within 8 months of death)  Major findings of operations
	Date of op.
16. Informan MRS MARY KROLCZYK Address 6/0 So. WASHINGTON ST	Autopsy results
17 BURIAL Date thereot 2-5-45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Cemetery or crematory. ST. STANISLAUS  Location BALTIMORE MA.	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director George a Weber	Means of Injury Injured at work?
19. Alt 1945 All Haris	23. SIGNATURE New Symmin - Bate signed Willy

EVIDENCE for change of sex MARYLAND STATE DEPARTMENT OF HEALTH shown on Microfilm No. 2411 N. Charles St., Baltimore (93-4) G92 (2) 3/6/45 mm CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) Marland Catonsville City or town..... (If outside city or town limits, write RURAL and give nearest town) Baltimore
(If outside city or town limits, write RURAL and give nearest town) City or town..... How long in above place of death?..... Hospital, Institution, or street address where death occurred: Spring Grove State Hospital Street No. 3116 Weaver Avenue (If rural, give LOCATION) 4 days How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Esther Mildred Kellam 4. Sex FEMALE 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION tem of i FOR BINDING Ma/le White Married 20. DATE OF DEATH February 16 item William Kellam 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife... \_\_\_\_\_\_19.\_\_\_\_\_19.......19...... ...6.(c) If alive, give age ...53 years ADING INK. Supply ever Physicians: please write 7. Birth date of and that I last saw h.....alive on ......19. February 10. 1895 deceased (mo., day, yr.) Years If less than one day 8. AGE: MARGIN RESERVED 50 Brooklyn, New York 9. Birthplace..... (Town, county, and state) Housewife 1D. Usual occupation. None 11. Industry or business 12. Name....... 13. 6irthplace Edward Simonson WITH UNF important. Long Island, New York (Include pregnancy within 8 months of death) 14. Maiden name Esther Landon Major findings of operations...... United States Hospitalrecords, Spring Grove PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Hospital, Caonsville 28 Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof .... (month) (day) (year) Accident, sutcide, or hamicide..... Where did injury occur? .....(City or town) WRITE Injured at home, farm, Industry, public place (where?) ..... Means of Injury Address 19. (Date rec'd by registrar) ... Date signed .....



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( ) MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

01448

CERTIFICA	ATE OF DEATH Reg. Dist. No	38
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Baltimore	
lly or town R v X ton M .  (If outside city or town limits, write RURAL NEAR and give town)	City or town Ruxton War (If outside city or town limits, write RURAL NEAR and give t	d Mo,
treet address, hospital, or institution: Rux-to-71-Rd-	(If outside city or town limits, write RURAL NEAR and give to street NoRuxton_Road	own)
y in hospital or inst. (yrs., or mos., or days)	Street No (If rural give LOCATION)	
ay in this community (yrs., or mos., or days) 6 years	2(a) IF VETERAN, NAME WAR	
Charlotte Melcher Kild	3. (b) Social Security 8	lumber
. Sex 5. Color or race 6.(α)Single. married, widowed, or divorced	MEDICAL CERTIFICATION	
semale White Married Oil	20. DATE DE DEATH JULY 19	at 3 A_M
(b) Name of husband or wife Oleyborler C. Huld	21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed from
I. Birth date of	and that I last saw here alive on Zen Z.4	19 8 8
deceased (mo., day, yr.)   Some   8 9 8   AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
46, 8hrs.	nin. Carculoura (Breat)	gyn
Birthplace Fitch Surg Mass: (Town, county, and state)	Due to	
D. Usual occupation Assessment	Due to	
. Industry or business		
12. Name Frank Otis Melcher  13. Birthplace Harnras cotta Me	Dther conditions	
	(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN
14. Maiden name Edna Lane Melcher  15. Birthplace New York N.Y.	Of operations	Please underline the cause to which
Co Les		death should be charged statisti-
6. Informant	Of autopsy	cally.
Cremation 2/27/45	22. VIOLENCE: If death was due to external causes, fill in the following:	
7. Of Child of Lotti  (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide Bate of	
Cemetery or crematory Touston log Cours	Where did injury occur?(City or town) (County)	(State)
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director Lenny IV Jensen So	Means of Injury Injured af work?	
Address, Me Culloft Anchage	Hut beller	)
19. 776 Howell kinds		or other
19. (Date ree'd by registrar) Deputy Lo Ochitrar	Address Journal Date signed	110/10

REQUIVED

MAP BOX SE

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ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF.

WRITE

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0

01449

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or lown	State County Balto
How long in above place of death? Office death office dea	(If outside city or town limits, write RUBAL and give nearest town)
268 Morris dona	Sireet No
How long in hospital or institution?	2.(a) If reteran, name war
3. (a) FULL NAME Philip Kochek.	3. (b) Social Security Number 2/7-07-4320
4. Sex 5. Color or race / 6.(a) Single. married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife	2D. DATE DF DEATH
	to
7. Birth daie of deceased (mo., day, yr.) 10-4-93	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
52hrsmin.	Coronary occlusing Surfa
9. Birthplace (Town, county, and state)	Due to.
1D. Usual occupation.	Due to.
11. Industry or business Repert Florence Co. Williams	
12. Name Polich. Russex	Other conditions of the Horacon of Caran Colores
14. Maiden name	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplace Pollesh Ryssia.	Date of op.
16. Informant Samuel Second	Autopsy results
Address 268 novres done (Slep-mother)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory BALTINIORIZ NATIONAL	Where did injury occur?
Location Ballinoc Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Tlorge & Weber	Means of injury Injured at work?
Address 705 S. Chin diget	23. SIGNATURE & Tombarone Bro.
19. (Dato rec'd by registrar) 19. (W. Registrar) Registrar	Address Date signed Date signed

Rec 19145

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

## CERTIFICATE OF DEATH

01450

Reg. Dist. No. 42

1. PLACE OF DEATH:  Balto.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
County				State Md. County Balto. C	0 •
City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town)				City or town	
How long in above place Hospital, Institution, or			•		
			***************************************	Street No. 1714 Selma Ave.	
How long in hospital or	Institution?	000000000000000000000000000000000000000	***************************************	2.(a) If veteran, name war	*********
3. (a) FULL NAME				3. (b) Social Security	Number
	JOH	IN J. F	CRAPF	none	
4. Sea	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	70012-01-0
M	W	5	Separated	20. DATE OF DEATH Feb. 14, 19 45	e 10:00 M
B.(b) Name of husband	or wife Lida	Krapf	***************************************	21. I CERTIFY thal death occurred on the date above stated; that   attended dec	
			) If alive, give ageyears	december 3 19 44, 10 24 14	- 19 A 3
7. 8irth date of deceased (mo., day, y	n) Oct. 15	5. 1858	}	and that I last saw h. In	19.4.4
8. AGE: Years		Days	If less than one day	Immediate cause of death Daly dration due to the land to the or the french to	
86	3	29	hrsmln.	lox. Peudo	
9. Birthplace	Balto. Co.	Md.	tate)	Due to Carelina artano selavoro	***
				= Sanila demanlis	
10. Usual occupation Retired Farmer			A.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to General atom Solerons	174
11. Industry or business					***************************************
12. Name George Krepf  13. Birthplace Sweden				Other conditions	
				(Include pregnancy within 8 months of death)	
14. Malden name Elizabeth Erskine Germany				Major findings of operations.	18.00.888800.000.000.000.000.000.000
15. Birthplace	Germany			Date of op	12 00 00 00 00 00 00 00 00 00 00 00 00 00
16. Informant	s Anna L	Bell		Antopsy results	3
Address 4505 Ridge Ave., Halethorpe					1 statistically.
17Burial				22. VIOLENCE: If death was due to external causes, fill to the following:  Accident, suicide, or homicide	100000000000000000000000000000000000000
(Burial, cremation, or removal. Which?) (month) (dáy) (year)  Cemetery or crematory. Druid Ridge Cem.					
				Where did injury occur?(City or town) (County)	
Location Pikesville, Md.				Injured al home, farm, industry, public place (where?)	* * * * * * * * * * * * * * * * * * * *
18. Funeral director WM. J. TICKNER & SONS				Means of Injury Injured at work?	
Address Balto. Md.				22 SIGNATURE FE DELON. Deather	
10 16 45 a.w. Helich				23. M. D	or other
(Data rec'd hy re	ristrar)		Registrar	Address Jel 15-1945 - Matterl	us Herry
					,

ker 1.0.5. Later and a first the same of

MARYLAND STATE DEPARTMENT OF HEALTI 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewhorn infants give residence of mother) State... (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits write RURAL and give pearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: information care (If rural, give LOCATION) How long in hospital or institution?... 3. (b) Social Security Number 3. (a) FULL NAME MEDICAL CERTIFICATION 6.(a) Single, married, widowed, or divorced 5. Color or tace BINDING 20. DATE OF OFATH..... item 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife ... 19 4 5 to Tiss La 2 19 5 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day Months Days Years 8. AGE: RESERVED ADING INK. Physicians: pl 10. Usual occupation.: MARGIN 11. Industry or business 12. Name. important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name Major findings of operations..... 15. Birthplace especially 16. Informant ...... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof ...... Accident, suicide, or homicide..... (Buriai, cremation, or removal Which?) (month) (day) (year) Where did injury occur? .....(City or town) WRITE (County) Cemetery or cremetary .... Injured et home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury Address 23. SIGNATURE ec'd by registrar)

M	The correct age egibly.
	of death clearly and le
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERV	UNFADING INK. tant. Physicians: ple
<b>✓</b>	PLAINLY, WITH s especially impor
VS A15	PLEASE WRITE

1 Tremont

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 133-62

### CERTIFICATE OF DEATH

U	1452
Reg. Diat.	No

.... Date signed ... 2 ... 12 ... 45 ....

				Keg. Diat. 1	10	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore						
Cify or town Fort Howard (If outside city or town fimits, write RURAL and give nearest town)				State Maryland County Baltimo		
Now long in above place	of death? 22.6	Days		City or town Baltimore (If outside city or town limits, write RURAL and	wise approach form)	
Hospital, Institution, or	street address where	death occurre	d:			
			rd, Maryland	Street No. 1309 Drew Street (If rural, give LOCATION)  2.(a) If veteran, name war		
How long in hospital or	tastitution?2.26	Days	•••••••••••••••••••••••			
3. (a) FULL NAM	E			3. (b) Social Se	curity Number	
	JOHN ANDR	EW LAC	KEY	220-01-0		
4. Set	5. Cotor or race		le, married, widowed, or divorced	MEDICAL CERTIFICATIO		
Male	White	M	arried		A-	
				20. DATE OF DEATH Feb. 11. 19:		
6.(3) Name of husband	or witeVi.al.	a Ma L	cckey	21. I CERTIFY that death occurred on the date above stated: that t attend		
7. Birth date of	••••••	6.(	(c) If alive, give age3.7years	June 30. 19.45 16 Feb.		
deceased (mo., day, y	r.) 9-23-8	9		and that I tast saw him alive on Feb. 11		
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death Uremia 1 Leak Du Chronic pyelonephritis		
55	5 4	18		VIII OH LO DVOLOHODIN EGIS		
			d atato)	Bue to Diverticulum of bladder, wit	h 7 Lose	
		******************		Bue to.	plus	
11. Industry or business		2.0		(C))		
		¥		Other conditions Cirrhosis of liver, Late	ant	
	Maryland			syphilis Broncho-Pneumonia (Include pregnancy within 3 months of death)		
14. Maiden name	Mary Geis	s.e.r	***************************************	Major findings of operations Chr. encrusting of	retitie	
15. Birthplace	Maryland			Diverticulum of bladder Date of og		
16 Informant C.7 3	nical Rec	ords	Vets. Adm. Fac.	Autopsy results Substantiated above		
	t Howard,			PHYSICIAN: Please underline the cause to which death should be c		
Marie 1000				22. VIOLENCE: if death was due to external causes, fill in the following	**	
(Burisl, cremation,	O'NCAER 17-679	Bale ther	eot Fab - 16 . 1945 (mouth) (day) (year)	Accident, suicide, or homicide	f	
			tions Cemetery	Where did injury occur?	***************************************	
			laryland			
				Injured at home, farm, industry, public place (where?)		
18. Funeral director	A. Les	oder 0	***************************************	means or injury injured at wor	AT .	
Address	4644	York Ro	oad., Balto., Md.	crote		
2/19	- 45	- · L	Lle Hedrey	23. SETTURE COJ KENNEY, M.D. CLINIC.	M. D. on other Man	
(Date recal by reg	istrar)		Registrar	Address Howard Maryland Date		

The correct age

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 93.00

01453

rect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 3/
carefully. The cor	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 3700  Afrural, give LOCATION)
che	How long in hospitat or institution?	2.(a) If veteral name war
information of death ch	3. (a) FULL NAME Josephin Untoines	the La Moth 3. (b) Social Security Number
m of in	4. Sex S. Color or rase, 6.(a) Single, married, widowed, or divorced  When the Married widowed, or divorced	2D. DATE OF DEATH TION 1945, al 6 9.
ry iter	6.(b) Name of husband or wife Monroe W. La Motte	21. I CERTIFY that death occurred on the date above stated;—that I effended deceased from
eve	7. Birth date of deceased (mo., day, yr.) Nov v. 1860	and that I leet saw h
KG INK. Supply icians: please wr	8. AGE: Years Months Days If less than one day  bluck 84 3 15	Immediate cause of death DURATION  Due to.  Due to.
TEADING.	11. Industry or business  12. Name	Dther conditions
ta l		(include pregnancy within 8 months of death)
t, WITH CN ly important.	14. Maides name Not Known  15. Birthplace Not Known  16. Informant Ooker & Lamotte	Major findings of operations.  Date of op.
PLAINLY, s especially	Address 3700 Sylvan Arcue  17 Determine (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
ITE PI	(Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or examplery MANUALLS LLS)	Where did Injury occur?
SE WRI	18. Funeral director Bush Windes Sons	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
PLEA	19. 2 19 19 U.S. Q. W. Henrell (Date Fee'd by registrar)	23. SIGNATURED Address M. D. or other  Address Date signed Filey 1

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01454

- No. No. 41

1. PLACE OF DEATH)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State No County Saltemo &
City or town (If outside city or town limits, write RURAL and give nearest town)	City or lown Dundalk 22, md
How long in above place of death?	(If outside city or town limits, write RDRAL and give nearest town)
	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, oame war
3. (a) FULL NAME Cordolia L. Le Co	3. (b) Social Security Number
4. Ses   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Cal widow	20, DATE OF DEATH Delrung & 8th 145 15:30P.
8.(b) Name of husband or wife. Drimas & Compt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	7 1 10 July 10 July 18
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Moditie   Bays   It less than one day	Immediate caused death OURATION 3 ma
(00 June 90thhrsmit	).
1. Oitholace Pennsyslvania	
(Town, county, find state)	
10. Usual occupation.	Bue to
11. fedustry or businesa	Differ conditions
12. Name alfred Daer	
	(Include pregnancy within 3 months of death)
14. Maiden name Mangaret armstrong  15. Birthplace Jenna!	Major findings of operations.
16. Informant Edwina Coupter	Autopsy results.
Address 75/ avondale Rd 20	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burney Dundack 2111	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mr Calvary Comments	Where did lejury occur? (City or town) (County) (State)
Location a a Country ma	Injured at home, farm, industry, public place (where?)
18. Funeral director Mrs. Cohert A. Ellister Def	Means of injury injured at work?
Address 1 129 n. Caroline St.	( Mathaman mo.
4/22 UT P. W Blodge	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address D / Mary & Dandard 2 mw //2

# MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

### CERTIFICATE OF DEATH

()1455 Reg. Diat. No.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimase	(For newborn infants give residence of mother)  State		
City or town. (If outside city or town limits, write RURAL and give nearest town)	0		
How long In above place of death?	(If outside city or town limits, write RIJRAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 7 of ch bloff blen and		
	(If rural, the LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sister Mary Aurelia Leidec	Ker		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH February 23 19 45 at 8. 50 P. M		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	October 19.37 10 February 19 45		
7. Birth date of Years	and that I last saw here alive on Feb. 21 19 45		
deceased (mo., day, yr.) March /5, /865  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
79 // 8min.	Premoria (lobar) 10 days		
9. Birthplace Rochester n. y. (Town, county, and state)	Doe to		
10. Usual occupation. Jeaches.			
11. Industry or business	Due to		
E 12. Name Michael	Other conditions arteriosclerosis		
12. Name Michael  13. Birtholaco Bavaria			
E 14. Maiden name Marian Meyer	(Include pregnancy within 8 months of death)		
15. Birthplace Bavaria	Major fiadiags of operations.		
18. Interment Sister M. Peter Fourier	Date of op.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Notch Cliff, md.	22. VIOLENCE; If death was due to external causes, till in the following;		
(Burlal, cremation, or removal, Which?)  Oate thereot ### (month) (daf) (year)	Accident, suicide, or homicide		
Cemetery or crematory noted bleff	Where did Injury occur?		
Glera Clary			
Location G Grand Charles	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Lev M. Vand San	Means of Injury Injured all york?		
Address 811. NW off	23. SIGNATURE ALL STATES AND SIGNATURE AND SIGNATURE ALL STATES AND SIGNATURE AND SIGNATURE AND SIGNATURE ALL STATES AND SIGNATURE AND SI		
1124/40 01 MI Hommath	M. D. or other		
(Date rec'd by registrar) Registrar	Address Dato signed 2/23/45		



WRITE

PLEASE,

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# 01456

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baclo County City or town 1892.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants give residence of mother) State
(If ourside city or town limits, write RURAL and give nearest town)	Mean Town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 520 annualie Rd
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME,	3. (b) Social Security Number
auch I demkuhe	More
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
meh likh	20. DATE OF DEATH FILEY 20 1945 8/1-30 N
6.(b) Name of husband or wife. Flourice Temberth	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that Hast saw h
deceased (mo., day, yr.) Super 26 18 16	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	-71
66 4 24hrsmin.	1907 on one from
Best lete	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	
12 Name Tourry Sempole	Other condiliens
12. Name Sunry Sempules  13. Birthpiace Gumany	
	(Include pregnancy within 8 months of death)
# 14. Maiden name White County	Major fludings of operations
14. Malden name Linua Clbring 15. Birthplace Milwaukee, Wis.	
M. B & Secret	Date of op.
16. Informant	Autopsy results.
Address 520 annester Rd	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Burnel Date thereof Feb 23-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Moreland Memorial Park	Where did Injury occur?
B- H- 1-	
Location Jacob	Injured at home, farm, Industry, public place (where?)
18. Funeral director L. F. Eline Fors	Means of Injury Injured at Work?
Address Muslisty mg	m & E. Mas , Kend M. C.
19 21 21 1945 Whateled melling	23. SIGNATURE M. D. ougher
19. (Date rec'd by registrar) Registrar	Address Date signed Trees



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and leathy.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 932 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Parkville	
City or town Parkville (If outside city or town limits, write RURAL and give net	arest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
3039 Putty Hill Ave.	Street No. 3039 Putty Hill Ave.
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
PHILIP A. LINDENME	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or	r divorced MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH February 21st, 1945 5:30P.
S.(b) Name of husband or wife Julia J. Lindenr	
# fal It allow at a	Fet 7 144 3 345 31 145
7. Birth date of deceased (mo., day, yr.) January 3rd, 188	and that I last saw h Janualive on 7 26-20
8. AGE: Years   Months   Days   If less than one di	Immediate cause of death DURATION
60 1 18	Tohronic myo condition lige of
Bolto Md	min. Hy Gerlension
8. Sirthpiaca Balto. Md. (Town, county, and state)	Due to.
10. Usual occupation	
11. Industry or business R. Ex.	pre (d.
12. Name. Leonard Lindenmeyer  13. Birthplace Germany	Diher conditions
14. Maiden name Unknown 15. Birthplace Unknown	(Include pregnancy within 3 months of death)
5 15. Birthplace Unknown	Major findings of operations
18. informant Mrs. P. A. Lindenmeyer	Date of op.
2020 Public 11177 Acres	Antopsy results
	22. VIOLENCE: If death was due to external causes, fill in the following:
17 burial Date thereof Feb. 24 (month) (d	ay) (year) Accident, suicide, or homicide
Cemetery or crematory Western	
Location Balto., Md.	Injured at home, farm, industry, public place (where?)
O O T ON	
Address 7401 Belair Road	23. SIGNATURE G. M. Bacon
19 2/22 19 45 a.M. Bo	
(Date rec'd by registrar)	Registrar Address 9810 Jaylor Uss. Date signed \$12214.

RECEIVED

MAR 5 10.

BUPEAU V.E.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

01458

P. Dist. No. 35

1. PLACE OF DEATH: County City or town.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newporn infants give residence of mother) State	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	1-1-11-1	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Daniel Owen Lite	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divoced  Tacke while widowed	MEDICAL CERTIFICATION  20. DATE DE DEATH. P. 12 19.45 21	
6.(b) Name of husband or wife See R. Leggle  8.(c) If allve, give age yes	21. I CERTIFY that death occurred on the date above statedy that I aftended deceased from	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 3 gran	
9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace White Hay.	Due to	
14. Malden name Eleann Trelway  15. Birthplace White Ofall. Trul  16. Informant J. Okeliah Lycle	(Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death 'should he charged statistically.	
Address  17 Build Table Table Table 10-199, (Burlal, cremation, or majoyal Which?)  Cemetery or crematory.  Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
18. Funeral director de la management de	injured af home, farm, Industry, public place (where?)  Means of Injury  Injured at work?	
Address Whole Had had 19. 45 Man (incl. Control of the Control of	23. SIGNATURE Wilmer Borber In V. M. D. or other Address While Hall Date signed for 172, 46	

MAR 5 1945
BUREAU V.S.

Reg. Dist. No. ......

none

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tem of information carefully causes of death clearly and

every item of ite the causes

Supply ever

Physicians: please

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WITH UNF important.

16. Informant

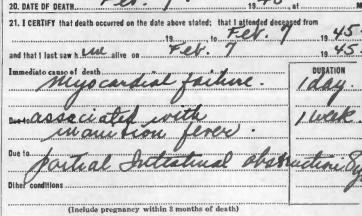
Address

The correct age

### CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ity or town	City or town (If outside city or town timits, write RURAL and give nearest town)
popilal, Institution, or-street address where teath occurred:  Mullers Island Rd 7 Philip St.	Street No
ow long in hospital or institution?	2.(a) If veteran, name war.
. (a) FULL NAME	3. (b) Social Security Number

Ho	w long in hospital or	Institution?				
3.	(a) FULL NAME	ED	LEI	ROY	MA	Dison
	male.	5. Color or			rried, widowed, or	
В.	(&) Name of husband	or wife	Em		Made	iou.
	Birih date of deceased (mo., day, y	1) Da	w 2	3.18		
8.	AGE: Years	Month	8	Days 1	f less than one d	min.
9.	Birthplace	••••••	.//	nty and stato	) /a	<u> </u>
	3. Usual occupation	14	0,000	ver.		••••••
FATHER	12. Name	Car	ed ?	wad	Pa.	•
MOTHER		1	elm	uie _	Pa	re.



(City or town)

MEDICAL CERTIFICATION

PHYSICIAN: Please underline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Burial, cremation, or removal. Which?) (mont) (day)

Where did Injury occur? .....

Injured at home, farm, industry, public place (where?) Gred at work? Means of Injury M. D. or other ec'd by registrar)

WRITE PLAINLY, 1 is especially PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

	TE OF DEATH  Page Diet No 38
	Nos. Miet. 110. minusiaminus
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Baltimore
City or 10Ws. Anneslie (If outside city or town limits, write RURAL and give nearest town)	Anneslie
How long in above place of death? 6 Vrs.	(If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where death occurred: 717 Regester Avenue	Sireet No. 717 Regester Avenue
How long in hospital or institution? None	2.(a) If veteran, name war
3. (a) FULL NAME	
Charles Matlat	3. (b) Social Security Number None
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20, DATE DE DEATH February 18 th 19 45 at
6.(b) Name of husband or wife Minnie Ummer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2/14-45 19 10 20/18/45 19
7. Birth date of deceased (mo., day, yr.) February 14th, 1865	and that I last saw h alive on 2/17/45
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death Durant
80 0 4 ###### min	1. Mybradio Agentia
e Birthniace Germany	Chram Punnel water
(Town, county, and state)	Due 10. // / / / / / / / / / / / / / / / / /
tD. Usual occupation. Retired	Due to.
1t. Industry or business Foreman in Steel Mill	DUC 10
E 12. Name? Matlat	Diber conditions
E t3. Birthplace Germany	
14. Maidee name Unknown	(Include pregnancy within 3 months of death)
15. Birthplace Germany	Major findings of operations
	Date of op.
16. Intermant Mr. G. H. Matlat (son)	Autopsy results
Address 816 Ridgley Road	an Wildertaker is death was due to extend enugge fill to the following:
17. Burial (Burial, eremation, or removal, Which?)  Date thereof Feb. 22, 1945 (mouth) (day) (year)	Accident, suicide, or homicide
Manangahala Camatawa	Where did taken cour?
Location Wilkinsburg Pa.	Injured at home, farm, industry, public place (where?)
ts. Funeral director George J. Ruth, Inc.	Means of Injury Injured at work?
Address 1735 Harford Avenue, Balto:Md.	A 24 7 Arman
11. h 10 11 1/101 11 11/16	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	Address / 7106.332-A Date signed 21.65

MARGIN RESERVED FOR BINDING

MAR 5 1915 BURLAU V.S.

SERVICE ACTOR OF STREET OF THE

THE STATE OF THE S

HEADER TO SECURE THE TRANSPORT OF THE PARTY OF THE PARTY

23. Signature. 7.7.

(b) Address /217 5

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

# INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is reconsted to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



01462

22

### 2411 N. Charles St., Baltimore 1600 CERTIE

ICA	TE C	)F DE	ATH	Reg	Dist	No

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Many County County County City or town limits, write RURAL and give nearest town)  Street Ho.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tt veteran, name war
William Ry Mercer	3. (b) Social Security Number
Male White (a) Single, harried, widowod, or divprood	MEDICAL CERTIFICATION  20. DATE OF DEATH FLOW 72 19 45 - at 1/8 m
8.(b) Namo of husband or wife.  2. Birth dato ot years	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)  8. AGE: Years Months days tt loss than one day  3hrs. 2.5min.	Immediate cause of death DURATION
9. Birthplace Restles to use Ballo Co, Med. (Town, county, and state)	Due to Spin luneur Stuffwed
11. todustry or business   12. Hame has Marlott Mucau.	Dither conditions
14. Maidon name Bestein Evelyn Ferthau 15. Birthplace Hayster Miles	(Include pregnancy within 3 months of death)  Majer findings of eperations
16, Interment Mis Agatyie mercer.	Autopsy results
17. (Burial, cremation, or removal, Which?)  Bate thereof. Trul 23/45- (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, sutcide, or homicide
Commetery or crematory startification to the start of the	Where did injury occor?
18. Funoral director Alway Tipton	Moans of Injury Injured at work?
19. Thet 73 1945 Proce Ful Cuback. (Date rec'd by registrar)	23. SIGNATURE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

GENCIAL VIDED

2411 N. Charles St., Baltimore (3)

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: 77	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Salto	(For newborn Infanta give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Calleman
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
Now long in hospital or instillution?	2.(a) it veteran, name war
3. (a) FULL NAME Earnest Myrin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
maen white morner	20. DATE OF DEATH Filey 28 19.45 at 12-15
6.(b) Hame of husband or wife Hilda 9 ( rue Spicer )	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
54	19 to 10
7. Birth data of 6 7 7 1671	and that Hast saw h
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   If tess than one day	Immediate cause of death
	1 3
69 /hrsmin.	, vares-Penal
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	Dua to
11. Industry or business	500 100
12 Hame bette mentean	Other conditions
12. Kame Beltime md.	
	(Include pregnancy within 8 months of death)
14. Malden name Margaret Germill  15. B'rithplaca Balto Co. md.	Major findings of operations.  Ogle of op.
16 Informani Den Heida Mercilcan	Autopsy results.
Address Trusland md	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
D. 1 N. 2 10115	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal. Which?)  Data thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Met Bion	Where did injury occur?
5.10 1 2.1	tnjured at home, farm, industry, public place (where?)
Location Lector A	Means of injury Industry, public place (where)
18. Funeral director dand m. Dave ful	means of month
Address Sparks, md.	23. SIGNATURE 1 - 23. SIGNATURES ME
19 Mar. 5, 19 45 Mrs Howard S. Marle (Date rec'd by registrar)	Address Data s ned
aroganistis	2-5-144

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING



B. S. Summer 2 700

2411 N. Charles St., Baltimore (452)

### CERTIFICATE OF DEATH

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1.7	200	2	85	
		10		
. Dlat	. No	4		

	IL OF BEATH	Reg. DI	at. No
1. PLACE OF DEATH:  County Balling County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Manufana County Baltimane (it outside city or town limits, write RURAL and give nearest town)  Street No. 91.3 Allas Que (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME			10 11 1
OLIVER - MESSERSMI	ITH.		al Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced married.	MEDICAL 20. DATE DE DEATHFebruary	CERTIFICAT	
8.(b) Name of husband or with autoe. C. Meooerometh.  8.(c) If alive, give age year deceased (mo., day, yr.)  4. Shruary - 20 - 18 7 5 .	21. I CERTIFY that death occurred on the difference of the control	1944, 10 2	attended deceased from  Level 19 45
8. AGE: Years Months Days It less than one day 0 15	Lliverticulités o	gword	2 mps. 2 mos
9. Birthplace	Due to.		
12. Name Charles E. Tresserants.	Other conditions Philebotis  Emaciasión	left leg	10days
14. Maiden name Louisa C. Resseramith  15. Birthplace Baltimore - Md.  16. Informant Mr. 1. Louisa C. Messersmith.  Address 913 Leeds ave	Major findings of aperationary with  Major findings of aperationary  Retropleto and approximately  Autopay results.  PHYSICIAN: Please underline the cause to	Showl for less by Date Less which death should	
17. Burial, eremation, or removal, Which?)  Cemetery or crematory. Officers of Competition (May) (year)	22. VIOLENCE: If death was due to externa  Accident, suicide, or homicide	D	ale of
Location Baltemore Ma:  18. Funeral director Charles Schweb  Address 505 N. Mondoe St.	Injured at home, farm, Industry, public place Means of Injury	Injured a	
1924 b 1945 Hw Hefere (Dyc rec'd by registrar)	3. SIGNATURE WOLLENS	any	M. D. or other

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

### CERTIFICATE OF DEATH

01465

Reg. 1

	4.4	4
Diat.	No.	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nowborn infants give residence of mother)  State		
County Baltimore						
City or town Fort. Howard (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death?						
Hospital, Institution, or	street address where	leath occurred	l:	Street No. Severn, Maryl	and	
Vets. Adm.	rac. Ft.	loward	. Md.	(If rurai, give		
How long in hospitat or	Institution?3Da	ys	***************************************	2.(a) If veteran, name warRetired		
3. (a) FULL NAME					3. (b) Social Security Number	
ΑT	GUST MUEH	HATICE			NONE	
4. Ser	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
26.2	10 21					
Male	White	I Ma:	rried	20. DATE OF DEATH. Feb. 27.	19.45 at 10:00A. N	
B.(b) Name of husband	or wife Bess	sie M.	***************************************	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from	
4,			67	February 24, 18.	45 10February 27, 19.45	
7. Birth date of	11_	20-76	c) If allve, give ageyears	and that I last saw h. I.Malive on Heb.	ruary 27. 19.45	
deceased (mo., day, yr	(.)			Immediate cause of death	DURATION	
8. AGE: Years	Mooths	Days	it less than one day		ension Unknown	
68	3	6	hrsmlo.	and Coronary Arterios		
9 Ricthologe	schwere.	German	V	With Myocardial I		
			state)			
10. Usual occupation	Retired	*********	•••••	<b>A</b> - 1-	•••••••••••••••••••••••••••••••••••••••	
11. Industry or business	II.S. Arr	ทาก		Due to		
444			(e			
		WWWWW	?.A	Other conditions		
	rmany			(include pregnancy within 3 p	months of death)	
当 14. Maideo name	Doretha	?	***************************************			
14. Maideo name 15. Birthplace	Germany			Major findings of operations		
				- Date of op		
			y Rt. Woward, Md.		the last death to the state of	
Address For	t Howard,	Maryla	and	PHYSICIAN: Please underline the cause to wh		
47 Duviel		0.1.11	March 2 1945	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal, Which?)  Bate thereot March 7 (945) (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cometery or crematory Baltimore National				Where did injury occur?(City or town)	(County) (State)	
Location Baitimore Md					here?)	
DEO IN DILLEGATE				Means of injury	injured at work?	
t8. Funeral director		July Bu	15-16			
Address	en 19	urni	ey/ha.	CONSTRUCT CONTEN	ruly	
" March	13- w/5	2	Tawson Y. Herby	ine C. J. KENNEY.	M.D. CLINICAL DIRECTOR ryland Date signed 2-27-45	
(Date rec'd by reg	istrar)		Registrar	Address: Ft. Howard, Ma	ryland Date signed 2-27-45	

2411 N. Charles St., Baltimore 934

01466

CERTIFICAT	TE OF DEATH Reg. Dist. No.			
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)			
3.(a) FULL NAME	2.(a) If veteran, name war			
marie El	Mulvaney (5. (6) Social Security Number			
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced married	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deseased from			
8.(b) Name of husband or wife	21. I DENTIFY that death occurred on an date above states; that I awarded dispersely from  19. The state of t			
8. AGE: Years Months Days If less than ooe dayhrsmin.	Thyrandis Dequestion Sep			
9. Birthplace	aut Cudiai Dillalin 3 his			
10. Usual occupation.	Due 19 State College C			
11. Industry or business  12. Name  12. Name  13. Birthplace  3. Birthplace	Dther cooditions			
14. Malden name	(Include pregnancy within 8 months of death)  Major findings of operations.			
16. Interment The Enthance	Autopay results			
Address 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: ti death was due to external causes, filt in the following:  Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur?			
Location	Injured et home, farm, industry, public place (where?)			
18. Funeral director lella of Belleville House	Means of Injury Injured at work?			
Address 200 4 8 Will also VI	23. SIGNATURE M. D. or other			

Registrar

VS A15

PLEASE

(Date rec'd by registrar)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caréfully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 934

01467

age	2411 N. Charle	es St., Baltimore 93D	11467
Mà	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
information carefully. The coror death eleanly and legibly.	1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) Of (For featborn infants give residence of State.  City or lawn	F DECEASED: mother my write RURAL and give nearest town)
care	nogrical, matriation, or attoor duriness where decir vocation	Street No	LOCATION)
ion	How long in hospital or institution?	2.(a) If veteran, name war	A D
ormat	3. (a) FULL NAME	yera	3. (b) Social Security Number
	4. Sex 5. Color of race 8.(a) Single, married, wildowed, or divorced	MEDICAL CE	ERTIFICATION
m of	amale frity, Miking	2D. DATE OF DEATH. THE	14 19.45 st 2 39 M
ite	6.(b) Name of husband or wite All Coll Coll	21.1 TERTIFY that death occurred on the date abo	
th		19.5	- 0
ev	7. Birth date of decessed (mo., day, yr.)	and that I last saw harmalive on	
ADING INK. Supply every item of Physicians: please write the causes	S. AGE: Years' Months Days It less than one dayhrsmin.	Immediate cause of death	DURATION
INK.	8. 8irthplace	Due to Allew Seless	alen disease
N.S.	1D. Usual occupetion	Due to	
F-	11. Industry or business  12. Name (Mnhmmm) (Matthews)	Other conditions	
	13. Birthplace Spada  14. Maiden name Muhnum	(Include pregnancy within 8 n	
WITH	15. Birthplace	Major fiedings of operations	
. >	18. Internant	Antopsy results.  PHYSICIAN: Pleaso noderline the cause to wh	
eciz	Address Summer the Standall	22. VIOLENCE: If death was due to external cau	
PLAINLY s especiall	Burial, eremation, or emount. Whichiy (month) (day) (year)	Accident, suicide, or homicide	Date ot
	Cemetery or cremetary Activities the Company of the	Where did injury occur?(City or town)	(County) (State)
WRITE	Location With The Control of the Con	injured at home, farm, industry, public place (w)	
	18. Funeral director.	Means of Injury	Injured at work?
PLEASE	Address 1219 Al Tout	23. SIGNATURE	Mygarelier
PL	19. (Date rec'd by fegistrar)  19. (Date rec'd by fegistrar)	Address Bullo 9	M. D. or other  Date signer J. J. J. S.

MARGIN RESERVED FOR BINDING

Ree 1,5/45

# 2411 N. Charles St., Baltimore

01468

CERTIFICAT	TE OF DEATH  Reg. Dist. No. 42
I. PLACE OF DEATH: Ballo.  County 106 Version and Ridgewood  City or town Russell Ballo.  City or town Imits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nowhorn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Julia B. Myers	3. (b) Social Security Number
Luidaw divorced  Luidaw	MEDICAL CERTIFICATION  29. DATE OF BEATH 1945 at 10-30 N
6.(6) Name of husband of wife atte wm. muers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 15, 1871	and that t last saw h
8. AGE: 73 Months 6 25 If less than one dayhrsmin.	Immediate cause of death DURATION DURATION
9. Birthplace (Town, county, and state)	Due to. Shock
10. Usual occupation	Due to 3 of lody burned or
12. Name Schaenfelder  13. Birthplace	Other conditions accident
14. Maiden name	(Include pregnancy within 8 months of death)  Major findings of operations
15. Sirthplace - 9 Plate - Laughte	Antopsy results.
Address 1/06 Vernon que	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Cemetery or cremator Description (month) (day) (year)	Where did injury occur? (City octown) (County) (State)
Location 3801 Frederick Coly	Injured at home, farm, industry, public place (where?)
18. Fuoeral director Atary To Market	29 mm K. Il Ceffled
19. John 12 19 45 Leff Registrar	23. SIGNATURE M. D. or other of M. O. or other o



2411 N. Charles St., Baltimore Tad

01469

CERTIFICA	ATE OF DEATH Reg. Diat. No. 30		
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville  City or town	state Maryland County Baltimore		
How long in above place of death? 9 years, 7 months, 6 days  Mospital, Institution, or street address where death occurred:  Spring Grove State Hospital	City or town. Colgate (If ontside city or town limits, write RURAL and give nearest town)  Strest No.  (If rural, give LOCATION)		
How long in hospital or institution? 9 years, 7 months, 6 days	2.(a) If veteran, name war		
3.(a) FULL NAME  John Napraski  //	APIERALSKI 3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   single	MEDICAL CERTIFICATION  20. DATE OF DEATH February 2 19 45 at 3:50 P		
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years   Months   Days   If less than one day   47   1   27  hrs	Immediate cause of death DURATION  In. Gerahal Kemorhoga		
9. Birthplace Baltimore, Maryland (Town, county, and etate)  10. Usual occupation farmer  11. Industry or business farming	Due to Cardio Vascular disease		
I 12 Mame John Napraski  I 13. Birthplace ?	Dither conditions Sudden Walt		
14. Malden name Constance Napraski NEE DARd	(Include pregnancy within \$ months of death)  Major findings of operations.  Date of op.		
16. Informant Hospital Records Address Catonsville-28, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Bureal  (Burial, cremation, or removal. Which?)  Cemetery or cremator Holy Cross Polish National  Location Ballimore County Dudally	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
18. Funeral director George a Weber	Means of Injury Injured at work?		
Address 705. S. Clins of	hat I begin		

Registrer Address (010

VS A15

(Date recid by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and logibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

01470

ERTI	July 1	OF	DE	TI
. C. P.	A I C.	VIC	I JIC. P	

1. PLACE OF DEATH: County REPORT	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State MD. County BALTO.
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No. 504 FAIRVIEW AVE.  (If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) If veleram, neme war
JOHN G. NEHUS	3. (b) Social Security Number
4. Sex 5. Color or raco 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. MARRIED	20. DATE OF DEATH FEB. 18 19.45, of 7:30%
6.(b) Name of husbaod or wife, ELIZABETH NEHUS	21. I CERTIFY that death occored so the date above stated; that I altended deceased from
7. Birth date of	and that I last saw h alive on ###
7. Birth date of deceased (mo., day, yr.) APRIL 17 1859	Immediate cause of seath DURATION
8. AGE: Years Mooths Days If less than one day	John Mumora
85 10 1hrsmin	—
9. Birthpiace. BREMEN, GERMANY. (Town, county, and state)	Due to
10. Usual occupation COOPER.	
11. Industry or business KIMBALL - TYLER CO.	Due to
12. Name. CASPER NEHUS 13. Birthplece GERMANY	Other conditions
M 13. Birthplece GERMANY	(Incinde pregnancy within 3 months of death)
14. Malden name MARY OSTER MANN 15. Birthplace GERMANY	(Include pregnancy within 5 months of death)  Major findings of operations.
15. Birthplace GERMANY	Date of op.
16. Informant ELIZABETH NEHUS (WIF	Autony results
FALL EAIDING AND	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, fill in the following;
11. BURIAL (Burial, cremation, or removal, Which?)  Date thereof 2-72-4: (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory OAK LAWN CEM.	Where did injury occur?
Location EASTERN AVE BALTO CO.M	
18. Funeral director Charles & Jeiles	Means of Injury Injured at work?
Address 3605 FAIT AKE BALTO, M	19 23. SIGNATURE M. a. Jacon
19. 2-20- 19 45 Jhm B. Connelly (Date rec'd by registrar) Registrar	The st at Arm M. D. or other

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MAR 5 1945
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THE ARM TO THE CONTRACTOR OF A PERSON WHEN

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item if information cavefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. / HARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

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CERTIFICAT	Reg. Dint. No
1. PLACE OF DEATH: County Balburos	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
City or town	City or town (If outside city or town limit), write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long la hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME William T. Malte	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION  20. DATE OF DEATH 2/20/45  19
6.(b) Namo of hestand or wife Magging Howale Notte  B.(c) If alive, give ago	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	and that I last saw h
9. Birthplace Macayland	Due to
10. Usual occupation Tetral January	Duo ta
11. Industry or business  12. Name Derry P Natte  13. Birthplaco Mary-land	Diher conditions.
14. Malden name. Mary lole  15. Birthplaco Waryland	(Include pregnancy within 2 months of death)  Major findings of operations.
16. Informant Mus Way Molta. Address Advrug Snd.	Autopsy results
17. (Burial, crenation, or remayal. Which?)  Date thereot. Aut 23/45- (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory (Cleasure Grove Location (Salto CO)	Where did injury occur? (City or town) (County) (State) Injured at home, Jaren, Industry, public place (where?)
18. Funeral director. Edito Ellipton Address Humpited Net	Means of Injury Iphyrod at work?
19. Feb 21 19 45 - Done For Colored Registrar	Addre Medication Wil Dato signed 7 5/4 5

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MAR 8 1945

PUREAU V.S.

THE SALES AND PROPERTY OF STREET AND ADDRESS OF THE SALES AND ADDRESS.

Reg. Diat. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED: (If rural, give LOCATION)

MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION

(Include pregnancy within 3 months of death)

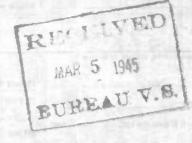
PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County)

Injured at work?

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ALL WAR I



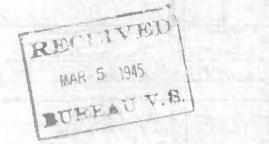
## 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County.	(For newborn infants give residence of mother)			
City or town	State M. Carl County County			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No.			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Jean N. Clat	es none			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
m w married	20. DATE OF DEATH Feb. 23 1945 14 7 M			
B.(6) Name of husband or with addie Lee Oates	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
e (a) II allina alma ann	+ ch. 10, 1942 10 Feb. 22, 1945			
7. Birth date of deceased (mo., day, yr.) 74.23. 1878	and that I last saw have slive on FM 22 1945			
8. AGE: Years   Months   Days   If less than one day	Immediate course of depth			
67 0 0 min.	Certal Kunorheye 13 days			
201. + 15.00	A fine a constant			
9. Birthplace (Town, county, and state)	Due 1 WWW (ACCENTAGE)			
10. Usual occupation Returned				
11. Industry or business	Due to			
# 12. Name Wesley Outes	Other conditions			
12. Name Wesley Octo				
H 14. Malden name Unknown	(Include pregnancy within 3 months of death)			
15. Birtholace Wa.	Major findings of operations			
C. O act				
16. Informant Court Court	Autopsy results			
Address Daniels Md				
17 Burial Bate thereof 2-25-1945	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)			
Location Ellus Cuty mg.	Injured at home, farm, industry, public place (where?)			
18. Funeral director 7-C. Nice inhorhom	Means of injury Injured at work?			
Address Ellewith City med	2 9 m +			
2/12/ = 2 9 m +	23. SIGNATURE M, D. or other			
(Vate rec'd by registrar)	Addres Paudallstown 12to cloud 2/23/85			

CHARLE OF THE REAL BRANCH

The same of the sa



2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL, and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured at home, farm, Industry, public place (where?) .....

Rec 1/3/48

	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
	Supply every item of
	UNFADING INK.
)	, WITH
	WRITE PLAINLY
	PLEASE

Evidence f	or change	of shown	MARYLAND STATE	DEPARTMENT OF HEALTH	01175
	9 4 MAY 1			TE OF DEATH	Rog. Dint. No. 30
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the contract of the contra	
City or town	nsville outside city or town line of death?		URAL and give oearest town) : dson Ave(Opitz F	State Md. Course Catonsville (If outside city or town limits (If outside city or town limits (If rorsi, give	Balto,
	Institution?			2.(a) If veteran, name war	
3. (a) FULL NAMI	Rev.	Max Al	bert Opitz		3. (b) Social Security Number none
4. Set	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
M	W		Married	20. DATE OF DEATH Feb. 3,	
7, Birth date of deceased (mo., day, y	r.) Feb. 20	6.(c	) If alive, give ageye	and that I last saw h alive on	13 10 JEST 3 19 45 19 45 19 45 DURATION
56	11	13		n. Malaus Harcome	2 8/ EYE 2 4 Ear
10. Osuat occupation  11. Industry or business	rmany Clergyman s ward Opitz	***************************************	tato)	Bue to	
	Germany				
14. Maiden name	Anna -	***************		(Ioclude pregnancy within 8 m	
	Germany	14 0 1			
	. Johanna nery Lane		tz ndson Ave.	PHYS1C1AN: Please underline the caose to wh	
17. Buria (Burlal, cremation,	l or removal. Which?)	Oate there	of		Date of
				Means of injury	Injured at work?
18. Funeral director Address	Balto., Md		SONS	223. SIGNATURE LUE / 11/2	M. D. or other

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

### CERTIFICATE OF DEATH

01475

eg. Dist. No. 33

County	City or town (If outside city or town)  Sireet No
3. (a) FULL NAME	3. (b) Social Security Number
Jame P. Peltser	(V) 500 L
4. Sex   6.(a) Single, married, widowed, or discreed	MEDICAL CERTIFICATION
OH W widow	20. DATE OF DEATH 7-6. 25 1945 at 8:00 a.m.
S.(6) Name of husband or wife John It Pettyll	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) the live give and	
7. Birth date of deceased (mo., day, yr.) July 27-1879	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Cacon any Throns Treis / hr.
65- 6 28hrsmin.	
9. Birthplace (Town, county, and ctate)	Due to I y pertensine
10. Usual occupation	Cardio Vasoulus disense 15 410
	Due 10
11. Industry or business	
E 12. Hame Jalue Galoria	Other conditions
13. Birthplace Mary Caux	(Include pregnancy within 3 months of death)
14. Maiden name Elifalieth UKehuist	
15. Birthplace Mausland	Major findings of operations.  Date of op.
16. Interment Haward Pettret	Autopsy results.
72 - 22.1	PHYSICIAN: Please underline the conse to which death should be charged statistically.
Address Sorry Mu	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Pleasant Scorz	Where did injury occur?
2 10-11-	Injured at home, farm, Industry, public place (where?)
Location Duft CO, mil	Means of injury Injured at work?
18. Funeral director Call Chipman	
Address Haightlead MA	23. SIGNATURE Maurice C. Partie fund
Feb 26 45 Prove IN (is brief	M. LE OF OTHER
(Date rec'd by registrar) Registrar	Address Stany tenul met Date signed 2.25-45

RECEIVA MAR 8 1945
BUREAU V. 8

A PART OF THE PERSON OF THE PE

2411 N. Charles St., Baltimore 940



### CERTIFICATE OF DEATH

			1	5
	DIA	MI.	5	2
87.	Diat.	No.		43

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For Dewborn Infants give residence of mother)
County Salting	0 - 1
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?. 55 4444	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where deem december.	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charle Edan 1 6	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	lowman hone
3. Other of face and other states, when the arrange of a free care and a state of the state of t	MEDICAL CERTIFICATION
male whole widowel	20. DATE OF DEATH 726. 27 1945 at 67 M
1 . 8	
6.(b) Name of hookand or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	······································
7 Di-th date of	and that I last saw h. Malive on Tel. 27 19 15
discussed (mod disp; year)	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	
84 4 21min.	Curvan Thewalous
Post to 2.1	
9. Birthplace. (Town, county, and state)	Due to
10. Usual occupation Marketant	
10. Usual occupation	Due to.
11. Industry or business	
12. Hame low Playman	Other conditions Generalized arteri- School
12. Name for Plans	
	(Include pregnancy within 3 months of death)
14. Malden name Transport / Selley 15. Birthplace	Major findings of operations
S 15. Birtholace	
OP-L.Plus	Dale of op.
16. (nforman(	Antepsy results
Address Parkton he	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, eremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
111 . 4 . 1	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location white Hall but	Injured at home, farm, Industry, public place (where?)
Ale 1 & hato.	Means of Injury (njured at work?
18. Funeral director	
Address while Hall high	(1. m. 7 rance
C1 20 11 10 10 10	23. SIGNATURE M. D. OF other
19 ch 2.8 19.45 Mrs. Howard S. Marshard (Date rec'd by registrar) Registrar	A culoton land 2/1.
(Date rec'd by registrar) Registrar	Address Bate signed D. J. J.

HEAT ST. SO STATISTICS

NAR 5 1945

The

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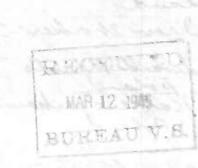
VS A15

2411 N. Charles St., Baltimore



01179

CERTIFICA	TE OF DEATH Reg. Dist. No. 3	7
1. PLACE OF DEATH:  County S  City or town (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days) + 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County Ward (If outside city or town Winits, write RURAL NEAR and give to Street No.  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	5. No
3. (a) FULL NAME Walter Presto	3. (b) Social Security N	umber
4. Sex   5. Color or race   8.(a)Single, married, wildowed, or divorced white widower	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 16 19 45	-, at /- A-1
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease of the same of death occurred on the date above stated; that I attended decease and that I last saw h same alive on 2/1-7.  Immediate cause of death occurred on the date above stated; that I attended decease of the same occurred on the date above stated; that I decease of the same occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; that I attended decease occurred on the date above stated; the date occurred on the date above stated; the date occurred on the date occurred occurred on the date occurred occurred on the date occurred occurred occurred	19 45 19 45 13 45 DURATION
B. Usual occupation Oxover_ Ut orker	Bue to Susslity	
12. Name & dward Presto  13. Birthplace Poland	Other conditions	
14. Malden name Platie - runkaum  15. Birthplace Poland.  16. Informant Mrs anna Elliott	(Include pregnancy within 3 months of death)  Major findings:  Of operations	PHYSICIAN Please under the cause to wi death should be charged statistically.
Address 4 10 4 7 if the Brooklyn N  11. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory Baltimal Co. Horse	3 - 22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)
Location Levas. md.  18. Funeral director Landon Brooks	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	(STRIC)
Address Sparks, Md.	32. SIGNATURE Prilance C. Emortin	other





PLEASE WRITE PLAINLY, WITH UNF. is especially important.

VS A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BJ)

### CERTIFICATE OF DEATH

()148() Reg. Diat. No. 44

			CERTIFICAT	LE OF DEATH	Reg. Dist. No	
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) 0 (For newborn jurants give residence of	F DECEASED: mother)	
County Balticore				State Maryland Cou	unty Dalilione	
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town Baltimore (If outside city or town limits		
How long in above place of	deatb?2	2 Days				
Hospital, Institution, or sir	eet address where	death occurred:	lowerd Marriand	Street No. 640 Gorsuch Av		
			loward, Maryland	(If rural, give		1/
How toog In hospital or too	stitution?	Z Days	22	2.(a) If veteran, name war		V
3. (a) FULL NAME		•			3. (b) Social Security 1	Number
	HENRY	z. RYOD	ES			
4. Sex 5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Wa	rried	20, DATE OF DEATH Feb. 18,	45	3 · 20A
6.(b) Name of husband or	wifeAnna	Rodes		21. I CERTIFY that death occurred on the date abo		
		R (c	) It alive, give age62years	January 27,	to.Eabruary.	194.2
7. Birth date of	9_9	6-82	A 11 Milian Blaze we a minimizer with management	and that I last saw h. im. alive on Febr		
deceased (mo., day, yr.)			l If less than one day	Immediate cause of death		
8. AGE: Yeara	Months	0ays		Cerebral Hemorrhage wi	ith Hemiplegia	1 Month
62	4	22	hrsmia.			. 7
a Richaloca Mt.	Wolf. P	8.	tate)	Due to Hunertension, arts	oriel	Unknown 1
10. Usual occupation	Elevato	r opers	tor	Bue to	a .255.22.20.00	000000000000000000000000000000000000000
11. Industry or business						
	Rodes			Disease of the	Heart.	6
13. Birthplaca P				Hypertension & corona	ry arterioscle	rosis
Total .				Hypertension & coronal  Myocardial Insufficient  Major fieldings of specialists Cerebral	months of death)	fibrille-
置 14. Maiden nameA		-	***************************************	Major findings of operations	Arteringniero	-1- tion
14. Maiden nameA	ennsylva	nia		7/7////////////////////////////////////		
	cal Reco	rds. Ve	ts. Adm. Fac.	Autopsy results	***************************************	000000000000000000000000000000000000000
For	t Howard			PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.
MUNICOS				22. V10LENCE: If death was due to external case	uses, fill in the following:	
17	cemou	Date there	eot. 3 0 18 1943 (month) (day) (year)	Accident, suicide, or homicide,		
				Where did injury occur?(City or town)		
Cemelery or crematory.			emetery.			
Location	manche	ester,	Pa.	Injured at home, farm, Industry, public place (w		
18. Funeral director	fm. J. Ti	ckner		Means of Injury	Injured at work?	
T	alto., l			Rms.		
Address		2				
10 4941	8 -,45	1-0	Govern J. Harbe	CJ KENNEY, M.	D. CLINICAL MID:	or other I
(Date rec'd by regis	trar)	*****	Registrar	Address Fta Howard, Me	Q.aDate signed	L. M. J

BUREAU V.S.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01481

... No 38

			CERTIFICA	IE OF DEAT	н	Reg. Dist. No.	
1. PLACE OF DEA	TH: Baltimore			2. USUAL RESIDEN	CE (HOME) OF	F DECEASED:	
City or town		State Mary land County Baltimore  City or lown (If outside city or town limits, write RURAL and give nearest town)					
Hospital, testilution, or s	treet address where	death occurred	2	Street No. Lock	h Raven Bly	d.	nearest town)
Loch Raver	a Blvd, To	wson-4	, Md.	Street Mo	(If rural, give		*********************
How long to hospital or l	institution?			2.(a) tf veteran, name war	••••••		*******************************
3. (a) FULL NAME	ELI	ZABETH	SAUSE		<i>y</i>	3. (b) Social Secur	ity Number
4. Ses	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Female	White	1111	Widowed	20. DATE OF DEATH	February	22, 1945	4:20 P m
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr.		Sause 5.0	t) If alive, give ngeyears	and that I tast saw here	15 19 C	re stated; that lattended of £5, to Feb.	1945
8. AGE: Years 80	Months 7	Days 12	If loss than one day		Lemorhe		Feb. 15/45
9. Skripplace Germany (Town, county, and state)			Due to allus	- 5 Elevon	5 + 1/4 perlene	5 mi	
	(Town,						
10. Useat occepation	re nome	00.000.000.000.0000.0000	••••••••••••••••••••••	Due to			*******
11. Industry or business	72 1			***************************************			*******
		•		Other conditions		••••••••••••••	***************************************
	Germany Dent know	7		(Includo	pregnancy within 8 m	nonths of death)	
				Major findings of operati	084		
	Germany					Date of op	
16. Informant Jac				Antopsy results			
Address 240	00 Kentuck						red scausucany.
Burial (Burial, cremation, c	Oak La	Date there	(month) (day) (year)	22. VIOLENCE: tf death Accident, suicide, or homb	cide		
Cemetery or crematory							
				Injured at home, farm, ind	ustry, public place (wh	ere?)	1000110101010101010101010101010101010101
18. Funeral director			Home	memie or rajuri	0	injuice at work!	
Address	2008 Orle			23. SIGNATURE	un M.	Srunn	em
19. (Date rec'd by regi	26 19 4J	- 6	W. Hellich WRegistrar	Address 722 A	1./Cemr	od Ous M. Date sign	D. or other

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Pac 1/26/45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 378

01482

CAL DIRECTOR
M. D. or other

Date signed 2-27-45

			CERTIFICA	TE OF DEATH	Reg. Dist. No	4
1. PLACE OF DEATH:  Baltimore  City or town Fot. Adm. Facility, Ft. Howard, Md.			F4 Howard Nd.	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
How long in above place Hospital, institution, or	of death?6	imits, write R iays death occurred	RURAL and give nearest town)	State Maryland Cot Baltimore City or town Baltimore (If outside city or town limits Street No. 2006 Baker Street	s, write RURAL and give ne	earest town)
How long in hospitat or			o noward, mus	(If rural, give	LOCATION)	J
3. (a) FULL NAME					3. (b) Social Security	Number
6	Abrah	am Ja	ck Schaeffer		219-07-83	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	white	Si	ngle	20. DATE OF DEATH February 27	19. 45	3:40 P
	***************************************		c) If alive, give ageyear	February 21, 19. and that I last saw h im alive on F	45 to Feb. 27 February 27	7 19 45 164 5
8. AGE: Years	Months 3	Days 15	If less than one day	Pulmonary Edema		2 days
9. BirthplaceLyn	(Town	eounty, and	staje)	Due to Metastases, Carcino	ma of Lung	unknown
10. Usual occupation 11. Industry or business	Unknown			Bue to Carcinoma of left	Testicle	Unknown
12. Name				Dther conditions		
		aeffer '	he galblum	(Include pregnancy within 8 m	tony	
16. Informant		ecords,	Vets.Adm.	not operated at this  Autopsy results  None PHYSICIAN: Please underline the cause to when	P.C. 13	}
(Burial, cremation,	or removal. Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Location 730	wly,	Lane	+ Philia Rd	(City or town) Injured at home, farm, industry, public place (wh Means of injury		
18. Funeral director	1000	11 00	4 0 0	1545 a 250	-015	

23. SIGNATURE.C.

Registrar

KENNEY,

Address Vet.Adre.Ft.Howard, Md.

PLEASE

(Date rec'd b

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20 d. U.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

24

01483

# CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or fown	State Master County County
How long in above place of death?	City or town (If outside city or pown limits, write RURAL and give nearest town)  Street No. 1624 10 Allows St.
Chity Hime	Streef No. 1914 J. G. Grand J.
How long in hospital or tristitution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	20. DATE OF DEATH February 721 1945 21 70.
6.(b) Name of husband or wife	21. I CERTIFY that geath occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Manager (1873)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Association DURATION  Carolio Secretar deserve (4)
9. Birthplace Mesting County, and state)	Due to.
10. Usuat occupation Carfulation	
11. industry or business	Due 10
12. Name Live Ty. Suffix	- Dther conditions
14. Malden name Sulling Bollings	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations
16. Informant Herry Suifulu	Autopsy results
Address 624 Restaured  17. (Burisi, cremation, or remysal. Which?)  (Burisi, cremation, or remysal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burisi, cremation, or remoyal. Which?) (month) (day) (year)	Where did injury occur?
Location Shelting !- Mind.	(City or town) (County) (State)
18. Funeral director F. J. Mafffett - S. M.	Means of Injury Injured af work?
Address No It. Belline St	23. SIGNATURE Languagian Willem M. D. or other
19. (Date rec'd by registrar)	Address 20 30 Wilkens are Date signed 210/45

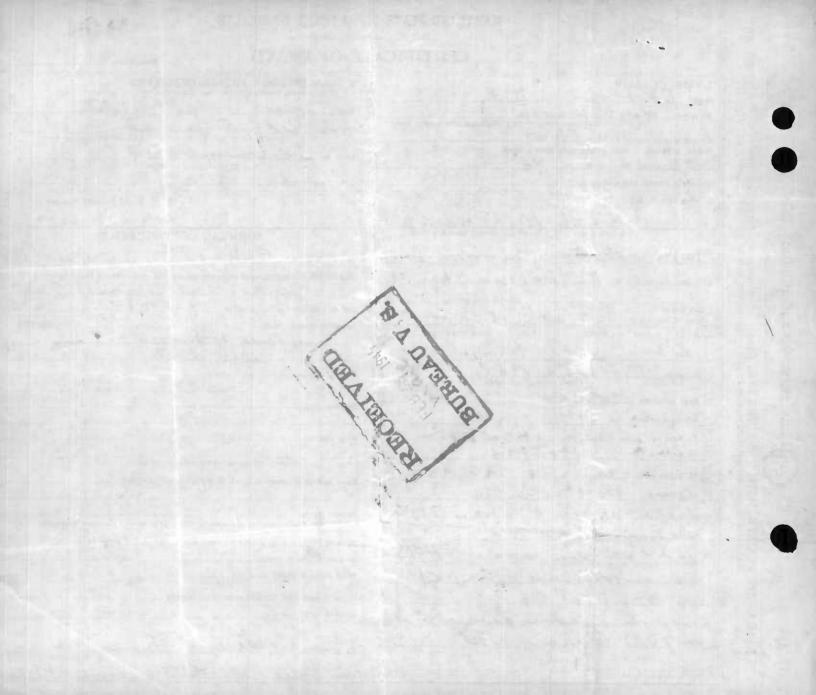
VS A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and

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BOBEVO A'S



VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

01485 Reg. Diat. No.

City of town	wnn Statio outside city or town in of death? street address where of 14 Silver institution?	death occurred Hill A	URAL and give nearest town)	(For newborn in Md. c State	Gwynn Statio tside city or town limits, w 2914 Silver (If rural, give LO	ther) Tite RURAL and give no Hill Ave.	srest town)
J. (a) FULL HAM		CHARI	LES E. SHAWN			3. (b) Social Security	Number
4. Sex Male	5. Color or race White	6.(a)Singi	e, married, widowed, or divorced Married	20. DATE OF DEATH	MEDICAL CER Feb. 5,		6:30A
	380000000000000000000000000000000000000		Shawnyears	21. I CERTIFY that death	h occurred oo the date above s	stated; that I attended dec	925ed from 19. 25.
8. AGE: Years		Days 12	If less than one day		at human	i oze	2days -
10. Usual occupation  11. Industry or bosines  12. Name	Retired James Shaw	Farmei	tate)	Due to	rulusio	~	
14. Maiden name	Ir	eland		Major findings of opera	ations		
Address  17 Buri (Burial, eremation Commetery or cremate	2914 Silve al or removal Which?)	or Hill Date ther	Ave.  2/7/45 (month) (day) (year)  Cem.	PHYSICIAN: Please not 22. VIOLENCE: If deal Accidedt, suicide, or hot Where did injury occur?	th was due to external causes, micide	death should be charged , fill in the following;	statistically. (State)
Address	WM. J. T Balto.  4 J	CKNE		Means of injury  23. SIGNATURE	Hand 1	Injured at work?  M. D.  M. D.  Date signed	or other

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 939

# CERTIFICATE OF DEATH

2411 N. Charl	les St., Baltimore 933
CERTIFICAT	TE OF DEATH Reg. Dist. No. 39
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or lown  (If ontaide city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME Many Elizabeth St	Rock. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  French Clute Widowed  B.(b) Name of husband or wife Joseph Shook	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  93 11 27	and that I last saw h. S. alive on Jeh. 10 19 X  Immediate cause of death DURATIO
9. Birthplace	Due to
14. Malden name Clya Engle  15. Birthplace Wilsungh Delance  15. Interment Day Guthere	(Include pregnancy within 3 months of death)  Major findings of operatious.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director.  Address  Spails, mil-  19. 2/14  (Date rec'd by registrar)  Registrar  Registrar	Means of Injury Injured at work?  23. SIGNATURE

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REASO TO STADISTICAL

MAR 6 1945 1

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Baltimore 9477 age is shown on FILM IN. G 9 CERTIFICATE OF DEATH Reg. Diat. No. 49 1. PLACE OF DEATH legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully. (If ontside city or town limits, write RURAL and give mearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number ARGIN RESERVED FOR BINDING of 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) Supply lease wri If less than one day 8. AGE: INK. ADING INF (Town, connty, and state) 1D. Usual occupation... 11. Industry or business 12. Name...... important. 13. Birthplace (Include pregnancy within 3 months of desth) 14. Maiden nas 15. Birthplace 14. Malden name.... Major findings of operations..... PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? .....(City or town) WRITE Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury 23. SIGNATURE



STATE OF STATE AND TYPES

write

Physicians: please

PLEASE

(Date rec'd by registrar)

A15

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

Registrar Address

2411 N. Charles St., Baltimore



01488

TE OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME) Of	
State Cou	nty
City or town(If outside city or town limits	, write RURAL and give nearest town)
Sireet No	LOCATION)
2.(a) If veteran, name war	***************************************
leton	.3. (b) Social Security Number
2D. DATE OF DEATH. TELLULAR	ERTIFICATION  Ly Z 1845 at 4A
21. LOERUFY that death occurred on the date abo	festated; that ballende deceased from
and that I last say y alive on	19.4
Invadiate cause of death	east failus 4de
Typertens	us Carais-
- Cay - Cay	
Due to.	
with Baral	was let
Major findings of operations	non hs of death)
	Date of op.
Autopsy results	ich death should be charged statistically.
22. VIOLENCE: If death was due to external cause	ses, fill in the following:
Accident, suicide, or homicide	Date ot
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (wh	
Means of Injury	Injured at work?
ZR.00-17	The dear Mis

CERTIFICAT 1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: How long In hospital or Institution?. 3. (a) FULL NAME 5. Color or race 4. Sex 6.(b) Name of husband or wife 6.(c) If ailve, give age 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: ...hrs. 1D. Usual occupation. 11. Industry or business FATHER 12. Name 13. Birthpiace 14. Malden name 15. Birthplace 16. Interment Address (Burial, cremation, or removal, Which?) Dale thereot (month) (day) (year) Cemetery or crematory. 18. Funeral director Address

RUPFAUV.S.

PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22.0)

# CERTIFICATE OF DEATH

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- (	3	L	T	0	9	

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			OBJETIT TO	Reg. Dist. No.
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County Bultimore Fort Howard				State Maryland County Baltimore
City or town. Fo.)-t. Howard  (If ontside city or town limits, write RURAL and give neerest town)  How long in above place of death? 117 Davs			0=0000000000000000000000000000000000000	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or :	street address where d	leath occurred	: rd, Maryland	Street No. 1715 Lansing Avenue
				2.(a) If veteran, name war.
3. (a) FULL NAME				3. (b) Social Security Number
	MATTHEW :	P. SIN	NOTT	218-10-3784
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	M	arried	20. DATE OF DEATH February 7, 19.45 at 2:10 A.m
6.(b) Hame of hysband	r wite	ra Sin	nott	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	******************************		) Il alive, give age	October 13, 1945, to February 7, 19 45
7. Birth date of deceased (mo., day, yr	9-6-1	900		and that I last saw him alive on February 7. 18.45
8. AGE: Years	Months	Days	It less than one day	Subacute bacterial endo-carditis 4 Months
44	5			
9. Birthplace				by 6/6/ Myocardial Insufficiency
10. Usual occopation	Electr	ician		Bue to The guara hot wounder tright hing and cheat, work insurvade in
11. Industry or bosiness				Cottle in France 1918, World War I. Courgo
		ott		Other conditions Gunshot wounds right lung
13. Birthplace	reland			(Include pregnancy within 3 months of deeth)
14. Malden name		a		(Include pregnancy within 3 months of death)
14. Malden name	Ireland	See the		Date of op.
	cal Recor Howard, M		ts. Adm. Facilit	Antopsy results
17. Buria. (Burial, cremation,			2-10-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation,	Or removal. Which?)	× 10 /	(manch) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	ners x	77	- 11	Where did injury occur?
Location	landa 00	PK	and areve	Means of injury Injured at work?
18. Funeral director	manu	4 10	alto., M	··· A 4.
Address			, Malto, M	23. SIGNATURE SO LEWIS
19. (Dite rec'd by reg	19 <b>K.5</b>	[4	W. Je dreck	C. J. KENNEY, N. D. CLINIOM P. Webeschor

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

# CERTIFICATE OF DEATH

()149() Reg. Dist. No. ...30

1. PLACE OF DEATH:  Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Md. County Baltimore  City or town Catonsville  Alf outside city or town limits, write RURAL and give nearest town)  Street No. 14 Fusting Ave.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
Thomas P. Skelton	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Slogle, married, widowed, or divorced   married	MEDICAL CERTIFICATION  20, DATE DF DEATH February 18  1945  PM		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
8. Birthplace Baltimore County, Md.  (Town, county, and state)  10. Usual occupation United States Coast Guard,  11. industry or business Curtis Bay Station—retired  12. Name John Skelton  13. Birthplace England  14. Malden name Catherine ?  15. Birthplace ?	Other conditions  Cinclude pregnancy within 8 months of death)  Major findings of operations.  Date of op.		
16. Informant Mary R. Skelton  Address 14 Fusting Ave., Catonsville, Md.  17. Burial Date thereof 2/21/45  (Burial, cremation, or removal. Which?)  Cemetery of trematory St. John's  Location Long Green, Md.  18. Funeral director Market Place, Baltimore, Md.  19. 2/2 0.19 / 5 A.C. Candulas (Dute ree'd by registrar)	Autopsy results PHYSICIAN: Flesse underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		



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MARGIN RESERVED FOR BINDING

1 DIACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

# CERTIFICATE OF DEATH

2 HEHAL DECIDENCE (LICAME) OF DECEASED.

County Bal	timore		••••••	(For newborn Infants give residence of			
City or town. Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death? 118 days  Hospital, institution, or street address where death occurred:  Vets. Adm. Facility. Ft. Howard, Maryland				(If ontside city or town limits, write RURAL and give nearest town)  Sireet No. 2315 Aiken St., Baltimore, Md.  (If rural, give LOCATION)			
		_days		2.(a) It veieran, name war			
3. (a) FULL NA					3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	white	Mar	ried	20, DATE OF DEATH Feb. 25	19.45 at 12:09	5A.	
6.(b) Name of husb: 7. Birth date of deceased (mo., da	and or wife Williams, yr.) 7-14-90	6.(	ith  o) It alive, give age 54 yea		44 to Feb. 25 19.4 ruary 25 19.4	15	
8. AGE: Y	ears Months	Days	11 less than one dayhrs,mic	Immediate cause of death	y Arterioscler- 1 yr.		
	Policeman		state)				
12. NameJ.S. 13. Birthplace	cob Smith Pennsylva			Other conditions Obesity Fracture, old rt.inter	nel melleclus		
14. Maiden na 15. Birthplace	Pennsylva			& rt. fi Unchide prespary noni			
141 1414	linical Record Fort Howard		Vet. Adm. Fac.	PHYSICIAN: Please underline the cause to v	which death should be charged statistically.	100000	
(Design and	mul	Date ther	(manth) (day) (year)	22. VIOLENCE: If death was due to external ca	Date ot	00000000	
	natory Huss		181	Where did injury occur?		*******	
18. Funeral directo	Mr. Willi	am Vale	ntin	4.00	iojured at work? MM		
	6 Aiken St	Balto		23. SIGNATURE KENNEY,	C MAD or other	P(72	
19. (I) sto pos'd by	7.76 1945.		W. Jaluch		Rate signed 2-25-45	5	

Pac Nr6/45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-91

	01492
Rog. Dist.	No.

CERTIFICATE OF DEATH  Rog. Dist. No.					
1. PLACE OF DEATH:  County Raltimore  City or town. Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 67 Days  Hospifal, institution, or street address where death occurred:  Vets.Adm.Facility.Ft. Howard.Md.  How long in hospifal or institution? 67 Days  3. (a) FULL NAME				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Baltim  Baltimore (If nutside city or town limits, write RURAL and give no Street No. 520 North Carrollton Ave.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security	Ored
4. Sez	5. Color or race		SMITH e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	100000	idowed		E 1 C A
Mare	20101.00	14	L CONOC	20. DATE OF DEATH February 8, 18.45	
8.(b) Name of busband or wife				and that I last saw h im silve on February 8.	y 8, 1945
8. AGE: Years	Months	Days	If less than one day	Rroncho-rneumonia	1 week
77	8	11			
13. Birthplace  14. Malden came  15. Birthplace	Unemploy Smith Mary Jon Virginia	ed es		Due to.  Due to.  Differ conditions Fractured Patella Cerebral Arteriosclerosis Malnutr (Include pregnancy within 8 manths of death)  Major findings of operations.  Date of op.	ition
TO. TO INTHIBIT	Howard, Balto Chas N. Ca	Maryl		Means of Injury Injured at work?  23. SIGNATURE REMARKY, S.D. CLIMICANA	(State)
(Date rec'd by registrar)				Address Fort Howard, Md. Date signed	2-8-45

THE RESIDENCE OF THE PARTY OF T 

# MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore 526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SA

CERTIFICATE OF DEATH

01493

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the whorn infants give residence of mother)
County And	
City or fown as as would	State County County
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Calwante
How long in above place of death?	(If outside city or town limits, write CURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	July - Harde Med Me
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
CIV MI. V X 22-1	1,
Julle & Simil	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
We will be the second	(4V) 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
nimal /my land	20, DATE OF DEATH THE M
(A. ) B	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife (1)	Jan 15 1945 10 Hill 11 18 45
	10 10
7. Sirth date of	and that Wast saw h 12 alive on Mel 10 19 45
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Carsinome of Buller. 6. Mg
10 0 3	
68 9 3hrsmin.	
Mana	Due to
9. Sirthplace	DUE (U
18	
10. Usual occupation. Annual	Due to
11. Industry or business	001110000000000000000000000000000000000
12. Name 13. Birthplace	Other conditions American
13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Maiden name. Many Mulphi 15. Birthpface	Major findings ol operations.
10 m	
国 15. Birthplace	Date of op.
18 Informant Const.	Autopsy results
16, Interment	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bulk to Hybride me Labonina	22. VIOLENCE: If death was due to external causes, till in the following;
92 11/4/3	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, without	Where did interv occur?
Cemetery or crematory	Where did injury occur?
No IV and I WHA	Injured et home, farm, Industry, public place (where?)
Location	4 - 4 - 1 4 - 0
1/4/1/1/1/1/1/ Sup Open	Means of Injury Injured at Work?
18. Funeral director	11/10/
Address 1277 A John Town	D. Llong Wingon
11/1/4/1/1/1/	23. SIGNATURE M. D. or other
10 1/12 10 40 Off along	
(Date rec'd by registrar) Registrar	Address July Will Date signed 12-43



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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore E.

# CERTIFICATE OF DEATH

01494

	Reg. Dist. No.
1. PLACE OF DEATH:  County Bact 127 P. C.  City or town (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death? One Bay  Rospital, institution, or street address where death occurred:  U.SVeterans Facility  How tong to hospital or institution? One Bay  How tong to hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME  Shotts Walter  4. Set   5. Color or race   8. (a) Single, married, widowed, or divorced  Single	3. (b) Social Security Number 2/8-05-2765  MEDICAL CERTIFICATION  20. DATE OF DEATH Jeb 23-4  1945, at 6-5-PM
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above netated; that I attended deceased from  ### 2 2 19 4 5 10 ## 2 2 19 4 5  and that I last saw h 2. 22 attree on ### 2 3 19 4 5  Immediate cause of death BURATION  ###################################
O. Birthplace Baltly or e Md.  (Town, county, and state)  10. Usual occupation 21.77 € 777 € 1.1. Industry or businenn  11. Industry or businenn  12. Name VV alter Sbotts	Bue to July & Y & W. LOS IS Paulmone xy  Ch. You i C  Bue to Differ conditions
13. Birthplace Md.  14. Malden name Grace B122 der  15. Birthplace Md.  16. Informant Patie77#	(Include pregnancy within 3 months of death)  Majar findings of operations
Address  11. Bull a Bate thereof Cb 27/945  (Burial, cremation, or removal. Which)  Cemetery or crematory. Bult 1227 orc Nation a (  Location Balt 127. Green	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director & Melvelle Junkins  Address 927/3 Kirk ave Ballo Ma  19. May 148 a.W. Harish  (Date rec'd baregistrar)	Meana of injury lejured at work?  ###################################

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2411 N. Charles St., Baltimore 47-d)

# CERTIFICATE OF DEATH

			- DE DENTIN	Reg. Dist. No	
1. PLACE OF DEAT	H: Ore		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
County		State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or sir			Streel No. 417 Tuxedo St;		
Veterans Hospital			(If rural, give LOCATION)		
	stitution?		2.(a) If veleran, name war		V
3.(a) FULL NAME STIFFLER.	Haves			3. (b) Social Security	Number
	. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Married	20. DATE OF DEATH 2/10	19 45	9.05F
B.(b) Name of husband or	wife	e 3. Stiffier	21. I CERTIFY that death occurred on the date abo		acod from
7. Birth date of deceased (mo., day, yr.)	9/25/78		and that I last saw in	2/10/	19.45
8. AGE: Years	Months	Days It less than one day	Bronchogenic Care		DURATION
66	4	15	of right lung		6 mo.
9. BirthplaceBa ]	ltimore (	County, Mi.	Due to		
1D. Usual occupation	Unemploy	county, and state)			
11. Industry or bosiness			Due Io		1
	FFLER,	ackson	Dither conditions Cicatrix chest	-	
The state of the s	ryland	•••••••••••••••••••••••••••••••••••••••	right side		
PRI L 4 DE PARTENDINO O		Mareb	(Include pregnancy within 8 1	months of death)	
14. Maideo name	Maryland		Major findings of operations.  None  Not Performed		
15. Birthplace		7/at 2/1/41			
16. Informant Records - Vaterano Haskital			Antopey results.  PHYSICIAN: Please underline the canse to which death should be charged statistically.		
Address		oward Md.	22. VIOLENCE: If death was due to external cau		statistically.
17. (Burial, occumation, or removal, Which?)  Cometery or occumation, Quarter of S. Hational			Accident, suicide, or homicide		
					P. 204- 9011
Location William Cook  18. Funeral director William Cook			Means of injury	Injured at work?	
Dno	ston and	St_Paul Sts.			
Address	000	Therest O	23. SIGNATURE CASTE	M. D	
19. (Date rec'd by regist:	19 4)	1 tell 7		M. D.	Few 11/4
(Date rec'd by regist	rarj	Registrar	1) Address	Date signed.	14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, v is especially

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:  County Balticore  Fort Howard  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Thousand in the spital, institution, or street address where death occurred:  Vets. Adm. Fac. Roats Howard, Moderney, Mode	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Balti ore  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 632 GOLSUCH AVE (If rural, give LOCATION)	
How tong to hospital or institution?	2.(a) If veteran, name war Civil War	
3. (a) FULL NAME	3. (b) Social Security Number	
	Jerome Strickler) None	
4. Set 5. Color or race 6.(α) Single, married, widowed, or divorced  Male White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH February 22. 1945 14:15 P.M.	
8.(6) Name of husband or wife Widowed (Emma I. Strickler  7. Birth date of Strickler	2f. I CERTIFY that death occurred on the date above stated; that t attended deceased from  Feb. 16, 18.45, to Feb. 22, 19.45  and that I last saw h. III. alive on Feb. 22, 1945	
7. Birth date of deceased (mo., day, yr.) 3-4-9	Immediate cause of death	
8. AGE: Years   Moeths   Days   If less than one day   96   11   18  hrsmin.	Cerebral Hemorrhage 2 Weeks	
9. Sirthplace Buffalo, N. e. V. (Town, county, and state)  10. Usest occupation. Unemployed  11. Industry or business	Oue to Arteriosclerotic heart disease   1 Year   with myocardial demage   plus	
12. Hame. Daniel Strickler  13. Birthplace New York  14. Malden name. Susan Faust  15. Birthplace Yorktown, Pa.  16. Informant Clinical Records, Vets. Adm. Fec.	Bither conditions Senility  Hemiplegia partial  (Include pregnancy within 3 months of death)  Major findings of operations  Bate of op.	
Address Fort Howard, Id.  Burial Bate thereof 2/24/45  (Burish, cremation, or removal, Which?)  Cemetery or crematory. Greenmount Cem.  Balto., Md.  Location Balto., Md.  18. Funerat director. VM. J. TICKNER & SONS  Address Balto., Md.  19. Obstered by registrar)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Vallamine.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Med. County Ballimore
	City or town Russlow
How long in above piace of death?	(If outside city or town limits, write RURAL and give nearest town)
athome	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
- Stew Sluan	-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Marvied	20. DATE OF DEATH & Lley 17 19.45 312-30
6.(b) Name of husband or when our see B. Chuart	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19, 10
7. Birth date of deceased (mo., day, yr.) Ossosial-3-1887	and that I leet eaw h
8. AGE: Years   Months   Days   If less than pine day	Immediate cause of death
57 6 14min.	Coronary anomouse
9. Birthplace / Ballotily -	Due to.
(Town, county, and state)	
10, Usual occupation.	Bue to
11. Industry or business 210111.	
12. Name Account To Succession 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary W. auftor.	Major fludings of operations.
15. Birthplace anuspolis my	Date of op.
16. Informant Mas Louis 13. Shirant ust	Autepsy results
Address Rudslonma	PHYSICIAN: Please underline the cause to which death should be charged statistically,
herriell Filt 19/40	22. VIOLENCE: It death was due to external causes, flit in the following;
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Snull Out -	Where did injury occur?
Location Sullotlely -	Injured at home, farm, industry, public place (where?)
18. Funeral director State Commonwell o.	Means of injury injured at work?
Address / OS WSHOWAWE.	mg & Thronkad in Par
10 2/19 NE Q. W. Hedrick	23. SIGHATURE.
(Date rec'd by registrar) Registrar	Address Mesville Man Date signed Filey !

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PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

# CERTIFICATE OF DEATH

(11502 Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tniants give residence of mother)
Calantante	State Much : County Balto
(If ontside city or town limits, write RURAL and give nearest town)	9
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. 219 Bloomsburg are
	(If rural, give LOCATION)
How long in hospital or institution?	2.(0)   1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward William Jal	both Ware
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH February 12 1945 at 7.309. M
Julie Juliet	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(6) Name of husband or wife.	7. 6 19.45 to Feb 12 19.45
7. Birth date of	and that I last saw have alive on Feb. 11 19.45
deceased (mo., day, yr.) faw . 31, 1873	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cardis-Rand Druggine 10 7.
120 11nin.	
8. Birthplace Ellerat City ms.	Que to.
(Town, connty, and state)	
10. Usual occupation. Merchand	Due to
11. Industry or business	
12. Name E. C. Jalbott 13. Birthplace wd	Other conditions land sementia 7.70:
13. Birthplace wa	
14. Malden name Neorgina Carrey	(Include pregnancy within 8 months of death)
14. Malden name Reorgisca Carrey  15. Birthplace	Major findings of operations
C1 17 1	Date of op.
16. Intermant Elevior Tallett.	Autopsy results
Address 218 Bloomshing are Calouxelle	
(Burial, cremation, or remoyal, Which?)  Out thereol	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal, Which?)  Oat thereol	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Ellust City mel.	Injured at home, 1arm, Industry, public place (where?)
18. Funerat director 7. C. Wig whother	Means of Injury Injured at work?
Address Ellicott City mel	sil ve el a
AUGIESS CALLED CALL	23. SIGNATURE Selver 12. Jallager 10.
19. (Date rye'd hy registrar)	M. D. or other
(Date roe'd by registrar)	Marces Calvasville, Mar. Date signed 2-12-45



# MARGIN RESERVED FOR BINDING

SA

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

01498

CERTIFICA	TE OF DEATH Reg. Diet. No. 33
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Mary and County Barrier County British County Br
How long in hospital or institution?	. 2.(a) If veteram, name war
3. (a) FULL NAME James Nelson Tax	OY. 3. (b) Social Security Number
Male White Widowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH FR BY WARY 3, 19 45 of 7'00P.
6.(b) Name of husband or wife. Ro.S.d. Naa.241. Tay lo Y, -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 22, 1869  8. AGE: Years Month's Days If less than one day	and that I last saw h
9. Birthplace Park tan A. J. B. D. (Town, county, and state)	Due to.
10. Usual occupation	Due to
12. Kame. U. y. K. n.o.w. n.  13. Birthplace Un Known.	Dither conditions If y her tension (Include pregnancy within months of death)
14. Malden name Lankanu n. –	(Include pregnancy within/8 months of death)  Major findings of operations
16. Informant Mrs. Naomi Risero Address Parkton, Md. R. D.	Autopsy results
Buriat, cremation, or removal. Which?)  (Buriat, cremation, or removal. Which?)  (Buriat, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accideof, suicide, or homicide
cometery or crematory FIME CYONE U.S. CEMELE.	Propere did injury occur?
Address Mur Fireldom Pa.	Means of Injury Injured at work?
19. Feld 4 1945 Color Jacobs Translation (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Parkton, 2nd Dafe signed 7 5 (65



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

01499 12

CERTIFIC	AIL OF DEATH Reg, Dist. No.
1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town Glen Arm (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Baltimore
(If outside city or town limits, write RUKAL and give nearest town)  How long in above place of death?	City or town. Glen Arm
How long in above place of bearn?	Street No. Glen Arm. Belto. Co. Maryland
Glen Arm, Balto. CO. Maryland	olicet #0
How long in hospitat or tostitution?	2.(a) If veteran, name war
3. (a) FULL NAME  John J. Taylor, Sr	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white widowed	MEDICAL CERTIFICATION
Dejer P Meylon	20. DATE OF DEATH. 326. 21
6.(b) Name of husband or wife DRISY F. TRYLOT	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of	years and that I last saw halive on
deceased (mo., day, yr.) May 23, 1877  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
8. AGE: 1245 MUNITS 29hrs	min. Cardiae failure 4 mo
8. Birthplace Queen Anne Co. Maryland (Town, county, and state)	Due to
10. Usual occupation Retired motorman, B.T.C.	and made carden
11. Industry or business	
12. Mame Benjamin Franklin Taylor 13. Dirihplace Md.	
14. Maiden name. Annie E. Skinner	(Include pregnancy within 8 months of death)
14. Maiden name Annie F. Skinner  15. Birthplace MD.	Major findings of operations
18 Informant Mr. John J. Taylor, Jr.	Autopsy results.
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
D: - 3	22. VtOLENCE: If death was due to externat causes, flit in the following:
(Burial, cremation, or removal. Which!) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltimore	Where did injury occur?
Location Baltimore	injured af home, farm, Indusfry, public place (where?)
18. Funeral director Leonard J. Ruck	Means of Injury Injured at work?
Address / 5305 Harford Road	41 2. 2. 2
2/23 , 45 A.W. Hedi	3. SIGNATURE Than de C. grette.  M. D. or other  Than Address 8100 Han are rel Date signed 2/23/45

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15

ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

01500

# CERTIFICATE OF DEATH

2 7 2 4	Reg. Diat. No
1. PLACE OF DEATH: Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Salts  City or lown. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.  Nospitel, institution, or street address where death occurred:  But Ka Coura & A SE at Toure  How long in hospital or institution?	Street No. Burka Convalence at Thomas  (If rural, give LOCATION)  *2.(a) If veteran, name war.
3. (a) FULL NAME Enema Thomas	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Widowed	2D. DATE DF DEATH FELD 1945, all 3 M
8.(b) Name of husband or whomas Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Selet 2 and 1858	and that I last saw h
8. AGE: Years Months Days If less than one day	
86 4 29nin.	acute Cardiai Forlice
9. Birthplace	Bue to Cardo Varcular descare
10. Usual occupation. at Thomas	Dus to
11. Industry or business	
HE 12. Name France FELLER Granuary	Dither conditions Dulle dealt
	(Include pregnancy within 8 months of death)
14. Maiden oame Wilhelming Basis	Major findings of operations.
E 15. Birthplace	Date of op.
18. Informant Frederick Promas	Autopsy results
Address 726 & 332 ST.	
(Burist, engention, or removel, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cometery or economy Balto	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director William Both Duc.	Means of Injury Injured at work?
Address 1219 St. Paul St.	23. SIGNATURE De M. D. or other
19. (Date regol by registrar)	address 000 Keeds and Date signed 2 - 1-1/4

\*This information secured by phone from Mrs. Burka; was at the Opitz Home for 10 yrs. before entering the Burka Home. 3-9-45ams.



## MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore (947) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. The carly and legibly. County Balt imore City or fown Larchmont Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 35 yrs. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 2305 Poplar Drive. 2305 Poplar Drive clearly (If rnral, give LOCATION) information of death cle How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Thomas J. Tierney 213-03-2836 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Married Male White 20. DATE OF DEATH Feb. 18/45. 6.(b) Name of husband or wife Elizabeth C. Tierney 21. I CERTIFY that death occurred on the date above stated: that I eltended deceased from tely 18 1945 to Fel nee Herzberger) 7. Birth date of deceased (mo., day, yr.) Oct. 6. 1876. Supply 8. AGE: Months Days If less than one day 12 68 d Rirthplace Ohio (Town, county, and state) 10. Usual occupation Monotype Operator t 11. Industry or busines Baltimore Sun Paper 12. Name Michael Tierney E 12. Name Michael T important. 14. Maiden name. Winefre 15. Birthplace Tre-land (Include pregnancy within 8 mouths of death) 14. Malden name Winefred Hope Major findings of operations..... 18. Informant . Elizabeth C. Tierney PLAINLY, vis especially Address 2305 Poplar Drive PHYSICIAN: Please underline the cause to which death should be charged statistically. Date thereof Peb. 20/45. 22. VIOLENCE: If death was due to external causes, fill in the following: Removal Accident, suicide, or homicide...... Bate of ...... Bate (Borial, cremation, or removal, Which?) (month) (day) (year) Spring Grove Cemetery Where did injury occur? .....(City or town) PLEASE WRITE Cin Chic. Injured at home, farm, industry, public place (where2) Means of Injury Injured at work? 18. Funeral director Larry 4101 Edmondson Ave.

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /07

# CERTIFICATE OF DEATH

Dist. No. 32

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	Mad
City or town (If outside elty or town limits, write RURAL and give nearest town)	State DACA County
How long in above place of death?	City or town
Hospital, Institution, or street addrys where death occurred:	2120 ( 40/1001 ) 0
Catherine Rost nursing Nome	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ida Mal Trader	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. W. Widowed	20. DATE OF DEATH Debruary 10, 1945 at 42
Trader	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Ort 1 1944 to 7 16 10 1946
7. Birth date of	and that I last saw h. 2 alive on 7 1/2 10/45 19
deceased (mo., day, yr.) 100 - 28 1894	
8. AGE: Years Months Days Itless than one day	Bronche-breumonia 5 days
51 9 0 13hrs.	
6. Birthplace Baltimone Ma	Oue to
(Town, county, and state)	
10. Usual occupation OX Norse	Oue to
11. Industry or business	
12. Rame Balkings Md.	Other conditions advanced actives solvions
	Hypertension
14. Malden name Ida E Jeach  15. 6 irthplace Ind.	(Include pregnancy within 3 months of death)  Major findings of operations.
E 15 Birthniace Mid.	
Cal ION Tinday	Antopsy results.
Address Whir Talbot Road.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Bulkel. (Burlal, cremation, or removal, Which?)  Date thereot. (Month) (day) (year	Accident, suicide, or homicide
Cemetery or cromatory (Saltesione)	Where did injury occur?
Location Baltinose Ma.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director & Howard Strong	Means of Injury Injured at work?
Address , 3207 W. Morth Jang	Thalling Tullat
2/12 45 RW Kedn	23. SIGNATURE THE TAIL D. or other T. D. or other
(Date ret'd by registrar)	ristrar Address Z 2 Danum Date signed February

Injured at home, farm, Industry, public place (where?) ...

Injured at work?

M. D. or other

Means of Injury

PLEASE

Address

(Date rec'd by registrar)

MAR 12 1945 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 740

# CERTIFICATE OF DEATH

Reg. Dist. No. 44

	A VICTAL BEGINDING (LIOBAE) OF BEGELSED.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 19 DK + 1 MO 10 CO	State MD County BALTO.
City or town	
How long in above place of death?	City or town
Hospital, Institution, or atreet address where death occurred:	Street No. 1309 11 2 SCD ROAD
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	es. NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ WIDOW	2D, DATE OF DEATH TITE 17 194 , at 8 P. M
	the data should be a standard decayed from
9.(b) Name of husband or wife	21.1 CENTIFF That death occurred on the date source states,
	s and that I last saw h
7. Birth date of deceased (mo., day, yr.) MAR 9. 189	and that I last saw n
8. AGE: Yeara   Months   Days   It less than one day	lmmediate cause of death
53 10 9hrs,min.	January Celusion 11116-
9. Birthplace	Due to
10. Usual occupation HOUSE WIFE	
	Due to
11. Industry or business AT HOME	
12. Name JOHN LANGAN  13. Sirihplace N. J.	Other conditions
	(Include pregnancy within 3 months of death)
FLORENCE A ROKGSTREW	
14. Maiden name FLORENCE A ROKGSTREW  15. 9 Irthplace PA.	Date of op.
DI HILDRIG (SON TN I AW)	Antopsy results.
18. Informant R. H. HUDNUT LOVIN LIAM	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addresa MIDDLE RIVER MD	22. VIOLENCE: It death was due to external causes, till in the following;
17. BURIAL (Burlal, cremation, or removal, Which?)  Data thereof FEB. 21/45. (month) (day) (Fear)	Accident, suicide, or homicide
(a) de sur, or owner, or o	
Cemetery or crematory	Where did injury occur?
Location TRENTON N. J.	
Tiller and Dailon 1010	Means of injury injured at work?
18. Funcial unsecui	m/9 Dan-m.
Address 403 S.WOLFE ST.	23. SIGNATURE
19. Tab 1 8 registra 18 45 John N. Connelly Registra	and Albi much Exam But to or other
(Deta red by registrar)	



#### MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 95-2

#### CERTIFICATE OF DEATH

0150633-

	Keg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County
	2.(a) it teletan, name #3f
3. (a) FULL NAME  A Sex 5. Color of race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Female White Widowed.	MEDICAL CERTIFICATION  20. DATE OF DEATH. E. D. M. J.
8.(6) Name of husband or wife Danie Nathern	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) August 23, 854.	and that I last saw held alive on Teld 19.45
8. AGE: Years Months Days these than one day  90 5 7min.	Rheumatic Heart Desease 25 yra
9. Birthplace TEE AM, County, and state)	Due to
10. Usual occupation	Due to
12. Name David Williams S. 13. Birtholace	Other conditions
14. Maiden name A.M.M. S. 139 j. T.M.	(Include pregnancy within 8 months of death)  Major findings of operations
≥ 15. Birthplace	Date of op.
18. Informant Mrs. Chester Fisher	Antopsy results. Antopsy results. Antopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address  17. Day J.	22. VIOLENCE: If death was due to exteroal causes, fill in the following;  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  (month) (day) (year)  Cemetery or crematory	Where did injury occur?
Location Line box a, Balla, Can Man	Injured at home, farm, industry, public place (where?)
Address How Forledgy, Ca.	Levis Safatarall Mid
19 Feb /2 19.40 Sheaff & Registrar	Address Vew Treedon, a Date signed 2-11-45



MARGIN RESERVED FOR BINDING M. Zula

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01507

# CERTIFICATE OF DEATH

Reg. Dist. No. 7 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Victory Villa, Inndele Roma	State 3nd. County Balta.
(If outside fity or town limits, write RURAL and give nearest town)	2-1100
How long in above place of death? / 2 400	(If optside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Not 2 Chappell Rd Wictory Villa
	(If roral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Gladyo a. Has	llace 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Fenale state married	20. DATE OF DEATH. Jeb. 11 th 1945 of 5 P.
all remarkable and alfred R. Halloce Sr.	
D.(O) Name of Rospand of Mile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	June 12 18 44, 10 7 16. 10 18 45
7. Birth date of deceased (mo., day, yr.) Canq. 12 - 1895	and that I last saw hart allve on Fig. 19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
49 6min.	Cerebral Kalmolskhaft 2 Kus
9. Birthplace Red River Ces. Texas	Due to Me sentenanie Cardio - 542
(Town, county, and state)	vaseulas disease
10. Usual occupation. at Home	Due to antituolar realusoclesson 10 900
11. Industry or business	0
12 Name A. a. adams	Other conditions the Augustian Chr. 10 420
12. Name A. G. adamo 13. Birthplace Jeras	
14. Maiden name Francis Boyd	(Incinde pregnancy within 3 months of death)
0	Major findings of operations
	Day Bate of op.
18. Informant mis. Hazel Bradfield	Antopsy results
Address Victory Villa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1 ++ 11 11 11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Surial, cremajon, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or gematory	Where did injury occur?
Location anylow Jenn.	Injured at home, farm, industry, public place (where?)
18. Funeral director Johns G. Connelly	Means of Injury Injured at work?
Address 41 & Casternan. Escex	71 0400
	23. SIGNATURE LAUSSING L. Tuller me
19. 2/12/ 18 46 frm J. Connedy	PIME TO BALED (M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 4/4/95

RECEIVED MAR 5 1945 BULLEAUTE

RGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore 93-7 CERTIFICATE OF DEATH 01508

					Reg. Dist. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Baltimora						
City or town. Catonaville (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	State Maryland Cou		
			6 days	City or town Colmar Manor (If outside city or town limits	s, write RURAL and give near	est town)
Roepital, Institution, or s	treet address where	death occurred:		Street No. 4005 Lawrence S		
			ital	(If rural, give		
How long in hospital or	Institution?2	years.	26 days	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security N	lumber
	Lau	ra Watt	8			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
f	W		widowed	77.	4.5	F. 40 D.
				20. DATE OF DEATHFabru.ary13.		
6.(6) Name of husband o	r wifeAlex	ander W	atta	21. I CERTIFY that death occurred on the date abo		
400010000000000000000000000000000000000		6.(c	) I1 alive, give ageyears	January 18.		
7. Sirth date of deceased (mo., day, yr.				and that I last saw h		3.,1945
8. AGE: Years	Months	Days	If lees than one day	Immediate cause of death		DURATION
82	8	7	hrsmin.	Pneumonia		2 days
						***************************************
9. Birthplace Pennsylvania (Town, county, and state)				Due to Chronic myocardid	tis	Indef
10. Usual occupation housewife						
				Due to Arteriosclerosis.		Indef.
THE MICHAEL STREET				***************************************		***************************************
12. Name Jaramiah Daattar  13. Birthplace Pannsylvania			•••••••••••••••••	Dther conditions	***************************************	ş=====================================
1 1111111111111111111111111111111111111				(Iucludo pregnaucy withiu 8 n	AL 1 AL \	
14. Malden name Mary Frymyer 15. Birthplace Pennsylvania			***************************************			
15 Birthalana	Penns			Major findings of operations		
		-				
18. InformantHosp	ital rec	atds		Autopay results		
Address Cator	naville,	Baltimo	re - 28, Md.			aubucany.
" Burial		Date there	Feb.17.1945	22. VIOLENCE: If death was due to external cause		
17. Burial (Burial, cremation, or removal, Which?)  Date thereol Feb. 17. 1945 (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Parkwood				Where did injury occur?(City or town)	(County)	(State)
Location Baltimore Co.Md.			id.	Injured at home, farm, industry, public place (wh	nere?)	,
18. Funeral director George W. Little,			le,	Means of Injury	Injured at work?	
				1	0//	7
				23. SIGNATURE LA COLO	Hardies	N M.a
19. (Date rec[i by registrar) Registrar			Willeman		rdner, M.D.M.D. or	other
(Date rec'll by regin	strar)		Registrar	Address BaltImore - 28, 1	MCL Date signed	2/14/45

THE THE RESERVE OF THE PARTY OF

01510

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

38 Reg. Dist. No.

* BLACE OF BEATH	No. HOUAL DECIDENCE (LACATED OF DECIDED	
1. PLACE OF DEATH: Baltamore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
0,	State Mo County Talto.	
City or town (If outside city or town limits, write RURAL and give nearest town)	Q /	
How long in above place of death? 22 300 1	City or town.  (If outside city or town limits, write RURAL and give nearest	town)
Hospital, institution, or street address where death occurred:	Street No. Dresby terran Home	•••••
22 CLA	(If rural, give LOCATION)	
How long in hospital or institution? 22 YAS	2.(a) If veferan, name war	•••••
3. (a) FULL NAME	3. (b) Social Security Nun	ber
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White Widowed	20. DATE DE DEATH 516- 24 1945 21	****************
6.(6) Name of husband or wife has I hamas It. Milliams	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased	
	1977, 10 2013	13.0
7. Sirth date of deceased (mo., day, yr.) Jul. 25-18-48	and that I last saw half alive oe	15. 3
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION
96 // 2.9 hrs. min.		3 cutton
not in the last		***************************************
9. 6 rthplace	Due to.	••••••••••••••••
10. Usual occupation Mome	A (A) (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	PITT
	Due to.	-conq
11. industry or business	-	
12. Name armold La Sarte	Dther conditions	
	(include pregnancy within 8 months of death)	
14. Malden name Carolins Cook  15. Girthplace Balto.		
15. 61-tholace Bath, M	Major Endings of operations	***************************************
P. C. L. T.		
//	Autopsy results	tically.
Address	22. VIOLENCE: if death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)  Date thereof (phough) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	ate)
Location Desposarille	Injured at home, farm, Industry, public place (where?)	*************
16. Funeral director to how O. Matchell I Fins home	Means of Injury Injured at work?	
Address 1900 Entaw Jeff Baffe MA	To some Him I I no DIN	)
Bet 26 "45 Malbrall Marley	23. SIGNATURE M. D. pr of	hee pl
(Onte rec'd by registrar)	Address Sawadu - Ul Date signed	16/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

The correct age

MAR 5 1945

2411 N. Charles St., Baltimore 940

01511

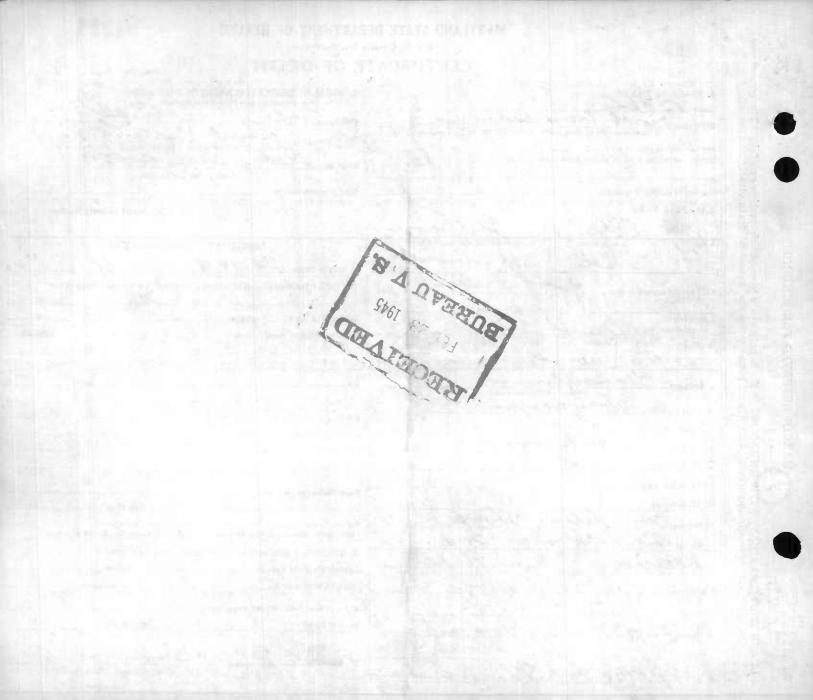
#### CERTIFICATE OF DEATH

The correct age

MARGIN RESERVED FOR BINDING

Jan Date signed ... 7 ... Step ...

1. PLACE OF DEATH: Dundall	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Provide Ct & Debay Circ	med. asallo.
(If outside city or town limits, write RURA) and give nearest town)	State County County Ct. R. P.
How long in above place of death?	(If putsid pointy or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street to Deboy ane, Box \$13
***************************************	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ella n Williams	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Ook stedowed	20. DATE DE DEATH 28. 19 4 1965 et 6
0 0 10	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) tt alive, give ageye	ears 19, to
7. Birth date of deceased (mo., day, yr.) March 9th 1902	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
12 10 10	
7	. Correry occurry many
9. Birthplace Clamoylor	Due to
(Town, connty, and state)	A STATE OF THE STA
10. Usual occupation	Due to Malmunhanit
11. Industry or business	- OAQ
12 Name Untono	Dither conditions
₹ 13. 6irthplace	
<b>5</b>	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
国 15. Birthplace	Date of op.
18, Informant mus. Kelen Hork	Autopsy results
Address Dumdalk 22 mod;	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Benin 0 1/2/115	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal, Which)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MY Colling and	Where did injury occur?
ma 160.	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Atten ), Cornelly	Means of Injury Injured at work?
Address Free my	Mrs Con on h
Alice of the contract of the c	23. SIGNATURE
19. 7/19/45 19 C/Marine	all report mercent
(Dats rge'd by registrar) Registr	rar   Address



Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH age of deceased is shown on 2411 N. Charles St., Baltimore 972 orrect CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town fimits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: clearly Hinters Lane (If rural, give LOCATION) information of death cle How long in hospital or institution?..... 2.(a) If veteran, name war..... 3. (a) FULL NAME/ 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING causes FOR 7. Birth date of deceased (mo., day, yr.) August 8. It less than one day 8. AGE: MARGIN RESERVED d (Town, county, and state) 10. Usual occupation. 11. Industry or business (Include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the toilowing; (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where did Injury occur? ...... (City or town) (County) Injured at home, farm, industry, public place (where?) ..... injured at work? Means of injury

pac 1.1,5.

per 2/13/45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

()1514 Reg. Dist. No. .....

1. PLACE OF DEAT			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
County Balto.			Md.	Relto-	
City or town. Wood lawn (If outside city or town limits, write RURAL and give nearest town)			State		
			City or town Woodlawn (If outside city or town limits,	write RURAL and give nea	rest town)
Hospital, lostitution, or st			Street No. 5537 Windsor		
553	7 Windsor	Mill Rd.	(If rurai, give L		•••••
How long in hospital or in	slitulion?		2.(a) If veteran, name war	*************************************	••••
3. (a) FULL NAME				3. (b) Social Security	Number
	Α.	EUGENE WOODWARD		none	
4. Ser	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Widowed			.1. 1
			20. DATE DE DEATH Feb. 6.		
6.(b) Name of husband or	wife Flora	Cushing Woodward	21. I CERTIFY that death occurred on the date above		ased from
		6.(c) It alive, give age	10/2 194		19 7 2
7. Birth date of		e 5, 1870	and that I last saw h		15 19 43
deceased (mo., day, yr.)  8. AGE: Years	Months	Days   If less than one day	Immediate cause of death		DURATION
o. Ada.			Cornary /home	some c	- to day
74	8	1	hyocardial fai	lore	7/2000
9. BirthplaceRi	dley Park	pa A	Due to	1	
		ost Office Clerk		***************************************	
t1. Industry or business U. S. Gov't P. O. Dent.			Due to	***************************************	••••••
12 Name Eugene G. Woodward			Biher conditions augura lec	fors	3 years
13. Birthplace Philadelphia, Pa					
14. Maiden name	Ilmira Dun	1	(Include pregnancy within 3 mo	onths of death)	
E 14. manueli manue		lphia, Pa.	Major findings of operations	********************************	
≥ t5. Birthplace	Initade	Ipilia, ia.		Date of op	
te, Informant Mrs.	Richard	Brown	Antopsy results	J*************************************	*********
Address 5537	Windsor	Mill Rd.	PHYSICIAN: Please underline the cause to which	h death should be charged	statistically.
			22. VIOLENCE: If death was due to external cause	s, fill in the following:	
17 Burial  (Burial, cremation, or removal, Which?)  Date thereot 2/9/45  (month) (day) (year)			Accident, suicide, or homicide		
Cemetery or crematory Lorraine Cem.			Where did injury occur?	(Connty)	(State)
tocation Woodlawn, Md.			injured at home, tarm, industry, public place (when		
18. Funeral director VM. J. TICKNER & SONS		Means of Injury	Injured al work?		
Address Balto., Md.			Bance	Largos M.	^
2/2		() -10 1	23. SIGNATURE		
19. (Date reed by regist	18 4 J	Registrar	Address 5106 Park Hei	glts a Bate signed.	2/7/45

01515

2411 N. Charles St., Baltimore III
CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore County Coun				CERTIFICAT	Reg. Diat. No		
Care		ATH: Baltimor			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
The content city or town limits, write KURAL and give nearest town)  14 days  Respital, institution, or sirest address where death occurred:  Spring Grove State Hospital  Rev long in hospital or institution? 14 days  3.(a) FULL NAME  George A. Yienger  6. Set  S. Dele or rese  6.(a) Single, married, videwed, or directed  Male  White  Single  8. (b) Name of hospital or willing, give age  8. (c) Name of hospital or willing, give age  8. AGE: Tears  Beatting, gray, January 23, 1892  8. AGE: Tears  Baltimore, Maryland  (Town, cousts, and state)  10. Usual occupation.  Silver  11. Industry or business  Silver  12. Informat  Hospital records  Baltimore  Baltimore  Baltimore  Baltimore  Baltimore  Baltimore  Made Rase, Frances Rosenberg  11. Informat  Baltimore  Baltimore  Baltimore  More Cathedral  (More County)  County)  County)  County)  County)  County)  County)  County)  County  County)  County  County)  County  County  County  County  County  County  Co	Cotonori 33						
Street   Respital of institution, or street address where death occurred:	Cily or lown(If o	utside city or town liz	nita, write R	URAL and give nearest town)	Pol+imove		
Spring Grove State Hospital  Rev loog in hospilal or institution?  3.(a) FULL NAME  George A. Yienger  4. Sex  5. Dolor or race  Male  White  Single  5. (a) Single, married, victored, or divisored  Male  White  Single  5. (b) Same of husband or wife.  5. (b) Same of husband or wife.  5. (c) It silve, give age  7. Sinh acts of deceased (mo., day, y.)  January 25, 1892  8. AGE: Vers  Menotis  16. Sirve; Will silve, give age  ACULO Pulmonary dema  7. hrs.  8. Sirbipieca  Baltimore, Maryland  Town, constr, and etake)  18. House occupation.  Silver  19. Indicator of pulmonary thrombosis  ACULO Pulmonary thrombosis  4. days  Crown, constr, and etake)  Baltimore  19. Sirbipieca  Baltimore  19. Sirbipieca  Baltimore  10. Maiden name  Frances Rosenberg  11. Informati  Hospital records  Baltimore  Baltimore  Baltimore  12. City or town)  Major findings of operations.  Major findings of operations.  Major findings of operations.  Astepsy results  As above  Physicials, five and was due to extend death should be charged statisfically.  Astepsy results  As above  Physicials, five and was due to extend causes, fill in the following:  County) (County) (State)  Injured at more)  (County) (State)  Injured at home, farm, industry, public place (where?)  Injured at more)  10. Mare in order at more)  Major findings of operations.  County) (State)  Injured at more)  (County) (State)  Injured at more)  10. Single Major findings of the day of the state of the state of the day of the state of the day of the state of the day of the state of t	Hospital, Institution, or	street address where d	leath occurred				
Rev long in hospital or institutions?  3. (a) FULL NAME George A. Yienger  4. Set S. Color Grace Male White Single 6. (b) Name of husband or wife. 6. (c) It alies, give age. 7. Sinth state of deceased (mo., say, r.) January 23, 1892  8. AGE: Vest Months Day: If less than one day 16. hrs. 11. Industry or business 11. Industry or business 12. Name. John Yienger  14. Maiden name Frances Rosenberg 15. Birthplace Baltimore 16. Informant Hospital records Baltimore 8. Birthplace Baltimore 8. Birthplace Baltimore 16. Informant Hospital records Baltimore Baltimore Baltimore Baltimore 16. Informant New Cathedral Date therefore (Charle), committing, or removal. Whichi) Cemelery or crematory. New Cathedral Location Baltimore Md. 16. Functal director. Robert S. Little, Maferss 2700 Edmondson Ave.	Spri	ng Grove S	tate H	losoital	Street No. 2910 MOSHET SCREET		
3. (a) FULL NAME  George A. Yienger  4. Set  Male  White  Single  6. (b) Name of bushad or wife.  S. (c) If alive, give age.  7. Sirih date of deceased (mo., 4y, yr.)  January 23, 1892  8. AGE: Vear  Months  Baltimore, Maryland  (Town, counts, and state)  10. Usual occupation.  Silversmith  11. Industry or business  Silver  12. Name.  John Yienger  13. Sirihplace  Baltimore  14. Maiden name  Frances Rosenberg  15. Birthplace  Baltimore  16. Informant  Hospital records  Baltimore  Baltimore  (Include pregnancy within 2 months of death)  Major findings of operations.  As above  Major findings of operations.  As above  Major findings of operations.  Major findings of operation	How long in hospital or	Instilution?	4 days				
Male White Single  S. Color or race Male White Single  Single  Single  MEDICAL CERTIFICATION  February 8 1,45 1,6:55 p. 21. I CERTIFY that death occurred on the date above states; that I attended decessed from January 25 1,8 45 1. February 8 1,4 45 1. February	3. (a) FULL NAMI	E			3. (b) Social Security 1	Vumber	
Male White Single  6.(6) Name of hubband or wife  5.(6) If alive, give age year deceased (mo. day, yr.)  January 25, 1892  7. Sirth date of deceased (mo. day, yr.)  January 25, 1892  8. AGE: Years Months Days If less than one day 16 har. min.  Sirthylace  Baltimore, Maryland  Town, county, and state)  10. Usual occupation  Silversmith  11. Industry or business  Silver Dhar conditions  12. Name  John Yienger  13. Sifthylace  Baltimore  Conomis) (day) (grear)  Commeter or cremators, or remove within a months of deatti)  Physician: Please underline the cause to which death should be charged statistically.  Physician: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicke, or homioide.  Baltimore Md.  15. Fineral director  RODERT S. Little,  Means of jajary  Injured at work?		-	_				
8. (b) Name of husband or wife.  8. (c) Halive, give age year deceased (no. dov, yr.)  7. Sirth date of deceased (no. dov, yr.)  8. AGE: Years deceased (no. dov, yr.)  8. AGE: Years deceased (no. dov, yr.)  8. Sirthplace.  8. Baltimore, Maryland (Town, county, and date)  9. Sirthplace.  8. Sirthplace.  9. Sirthplace.	4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
S. (6) If alive, give age.  S. (6) If alive, give age.  January 25 18 45 10. February 8 19. 45  and that I lest saw h. i.M. alive on February 8 19. 45  and that I lest saw h. i.M. alive on February 8 19. 45  Immediate cause of death.  Acute pulmonary edema 7 hrs.  Baltimore, Maryland  (Town, county, and state)  Silversmith  Due to.  Due to.  Pulmonary thrombosis 4 days  Due to.  Pulmonary thrombosis 4 days  Due to.  Cincide pregnancy within 2 months of death)  Major fludings of operations.  Date of op.  Actions, cremation, or removal, Whichi)  Due to.  Cincide pregnancy within 2 months of death)  Major fludings of operations.  Date of op.  Actions, cremation, or removal, whichi)  Due to.  Cincide pregnancy within 2 months of death)  Major fludings of operations.  As above  PHYSICIAN. Please ud	Male	White		Single	20. DATE OF DEATH February 8 19 45	at 6:55 pm	
7. Sirk date of deceased (mo., day, yr.)  8. AGE: Vears   Months   Days   If less than one day   16   Mars   min.  8. Sirkhplace   Baltimore, Maryland   Town, county, and taste)  8. Sirkhplace   Silversmith   Due to   D					January 25 19 45 10 February	8 19 45	
8. AGE: Vears Months Days If less than one day 53 16 min.  9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupsition. Silversmith 11. Industry or business Silver 12. Name. John Yienger 13. Birthplace Baltimore 15. Birthplace Baltimore 16. Informant Hospital records Address Baltimore 28. Maryland 11. (Burna, cremation, or remain, which) 12. Violence: If death was due to external causes, fill in the following: 15. Evereal director Robert S. Little, Address 2700 Edmondson Ave.  16. Funeral director Robert S. Little, Address 2700 Edmondson Ave.	7. Birth date of	Tonin			and that I last saw h 1M alive on Feorgary 8	1940	
Solithplace   Baltimore   Maryland   Due to   Pulmonary thrombosis   4 days		11/			Immediate cause of death		
Baltimore, Maryland (Town, county, and state)  10. Usual occupation.  Silversmith  11. Industry or business Silver  12. Name. John Yienger  13. Birthplace Baltimore  14. Maiden name. Frances Rosenberg  15. Birthplace Baltimore  16. Informant. Hospital rewrds Address Baltimore-28, Maryland  Date thereof.  Date thereof.  Date thereof.  Date of op.  Autopay results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Cemetery or crematory.  New Cathedral  Location  Baltimore Md.  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?					Acute pulmonary edema	7 hrs.	
(Town, county, and state)  10. Usual occupation.  11. Industry or business  Silver  12. Name. John Yienger  13. Sirthplace  Baltimore  14. Malden name. Frances Rosenberg  15. Sirthplace  Baltimore  16. Informant.  Hospital records  Address  Baltimore—28, Haryland  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Date therefore  Due to.  (Include pregnancy within & months of death)  Major findings of operations.  Date of op.  Autopsy results.  As above  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  (City or town)  (County)  (State)  Injured at home, farm, Industry, public place (where?)  Injured at work?	53		16				
11. Industry or business Silver    12. Name	(Town, county, and state)				Bue to Pulmonary thrombosis	4 days	
11. Industry or business Silver    12. Name	1D. Usual occupation Sliversmith				Bue to		
12. Name	11. Industry or business Silver					***************************************	
14. Malden name. Frances Rosenberg 15. Birthplace Baltimore 16. Informant Hospital reords Address Baltimore—28. Maryland 17. Burial, cremation, or removal, Which?) Cemetery or crematory. New Cathedral Location Baltimore Md.  18. Funeral director. Robert S. Little.  Address 2700 Edmondson Ave.  (Include pregnancy within 8 months of death.)  Major findings of operations.  (Include pregnancy within 8 months of death.)  Major findings of operations.  Autopsy results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide. Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	John Yienger				000000000000000000000000000000000000000		
14. Malden name Frances Rosenberg  15. Birthplace Baltimore  16. Informant Hospital records  Address Baltimore 28. Maryland  17. Burial, cremation, or removal, Which?  Cemetery or crematory. New Cathedral  Location Baltimore Md.  18. Funeral director. Robert S. Little.  Address 2700 Edmondson Ave.  Major findings of operations.  Autopsy results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. Signajure 22. Signajure 22. Signajure 23. Signajure 23. Signajure 23. Signajure 23. Signajure 23. Signajure 24. Autopsy results.  Autopsy results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, suicide, or homicide.  Date of  Where did injury occur?  Injured at work?					***************************************		
Hospital records  Autopsy results.  Baltimore—28, Haryland  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	Frances Rosenberg			berg			
Hospital records  Autopsy results.  Baltimore—28, Haryland  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	14. margen name				Major findings of operations		
Address Baltimore 28. Haryland  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory New Cathedral  Location Baltimore Md.  18. Funeral director. Robert S. Little,  Address 2700 Edmondson Ave.  Autopy result.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	15. Birthplace	Baltimo	re		Date of op.		
Address Baltimore 28, Haryland  17.	16. Informant Hospital records				Antoney results		
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. New Cathedral  Location. Baltimore Md.  18. Funeral director. Robert S. Little.  Address. 2700 Edmondson Ave.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	Address	Baltimo	ra-28.	Warvland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Cemetery or crematory New Cathedral Where did injury occur? (City or town) (County) (State)  Location Baltimore Md. Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  Address 2700 Edmondson Ave.		or removal. Which?)	Date there	(month) (day) (year)			
Location Baltimore Md.  18. Funeral director Robert S. Little.  Address 2700 Edmondson Ave.  23. Signature at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  Injured at home, farm, industry, public place (where?)  23. Signature at work?	Comptory or cromptory New Cathedral				Where did injury occur?(City on town) (County)	(State)	
Address 2700 Edmondson Ave.  23. SIGNATURE PLEASE AND AND AND AND ADDRESS OF THE PROPERTY OF T							
Address 2700 Edmondson Ave.			:le.	Means of injury Injured at work?			
Don't I Page II D M D or other .	OTOO Tidmandaan Ama				( Death Hondes	Du K	
	19. Collegee'd by registrar)  19. Registrar			Co plant	Robt. E. Gardner, M.D. M.D.	r other 2/8/45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

01516

#### CERTIFICATE OF DEATH

er. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Backs:	(For newboan infants give residence of mother)
City or town Reis ters lows and	State MA: County & allo.
(If ontside city or town limits, write RURAL and give nearest town)	City or town Reis tero frang
Hew long in abere place of death? 47 yrs.	(If outside city or town limits write RURAL and give nearest town)
nespital, institution, or street address pripre near occurred:	Street Ne. 2 44 Main St.
244 Main St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
lessie Roberto 4 ingling	non
4. Sex 5. Color er race 6.(a) Single, married, widewed, et diverced	MEDICAL CERTIFICATION
It Us. Indoned	20. DATE OF DEATH 2-22-45-19 , at 1 P. M. M.
000000	
6.(b) Name et husband or wife Summe A. Jungtung	21. I CERTIFY that death occurred on the date above states that I altended deceased from 2-2-75 19
7. Birth date ot	
deceased (mo., day, yr.) May . 12, 1868	and that I last saw h.l. alive on 2 - 2 2 - 2 3
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
76 9 10 hrsmln.	Clubal tenestage 19.
Canton Ohis	
9. Birthplace (Town, county, and state)	Due te.
A	Dusteles
10. Usual eccupation.	Due te
11. industry or business	
= 12. Name Caleb J. Roberts	Other cenditiens
12. Name. Laleb M. Proberts  13. Birtholace Waler	
	(Include pregnancy within 8 months of death)
E 14. Malden name	Major findings of operations.
2 15. Dirthplace bartey, wages	Date of op.
16. Interment I uday My ing ling	Autonay results.
Address 2 44 main St. Rive ters lum	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Manicon at 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	22. VIOLENCE: It death was due to externat causes, fill in the tollowing:
17. Burial Date thereot. Feb. 24, 1948 - (Burial, cremetten or symmetry) (month) (day) (year)	Accident, suicide, or homicide
A. A. R. dos	
Cemetory or crematory or rung out ge	Where dld injury occur?
Lecation Milestille, Mig.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Um. Berryman & Sons	Means of injury Injured at work?
D:"1	(). 1. 1. 1. 1. 1.
Address (run Ceraturary m.f.	23. SIGNATURE Sames 9. La fell
2.23 1.45 Your tox letrang	1887 - MILL M. D. or order
Registrar) Registrar	Address Cleathelow Date signed / // [-

BUREAU V.S

(State)

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) 2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

PHYSICIAN: Please nuderline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work?

619 mace my 0728